



Iowa Drug Control Strategy

2016





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Introduction: Research, Data and Results

I am pleased to submit the 2016 Drug Control Strategy, which is built upon decades of research showing addiction can be prevented, treated and overcome through recovery.

We live in a world transformed by big data and research. The task before us today is to use this data and research to improve how we prevent drug abuse and related crime, and how we best respond to those involved in the sale and use of illegal narcotics.

Drug use has destructive consequences, challenging the hopes and dreams we have of a safe and healthy community where children can grow up to lead a more prosperous life than their parents.

These truths, combined with the latest research about addiction, help guide our approach to strengthen anti-drug policies while improving opportunities for those who have committed to breaking the cycle of addiction. We need to use the appropriate resources to help these people live full lives as contributing members of society.

Iowans today have improved access to drug treatment programs. Our criminal justice system has worked hard to prioritize the most dangerous drug offenders while at the same time providing alternatives to incarceration. Our Department of Corrections is hard at work evaluating and improving second chance re-entry programs, to reduce the odds those leaving prison reoffend or further burden the taxpayer.

This progress gives us good reason to look to the future with confidence. However, it is not reason to be satisfied. Instead we must constantly analyze the data available to us, coupled with the best research available to reduce drug use and improve our state's productivity and health.

I look forward to working together with all sectors, the prevention community, drug treatment providers and law enforcement officials to continue our important work. I thank the Governor and Iowa Legislature as well as our federal partners for their continued support of new efforts that help decrease drug usage in our state.

Working together we can build a more prosperous, healthy and safe State.



Executive Summary

The Governor's Office of Drug Control Policy offers the 2016 Drug Control Strategy pursuant to Iowa Code Section 80E.1. The purpose of the strategy is to describe the activities of the office and other state departments related to drug enforcement, substance abuse treatment, and prevention. This report also highlights trends in respect to substance abuse within the State and sets out innovative approaches to reduce drug abuse. Finally the strategy displays the funding levels for various state agencies working in prevention, treatment, and enforcement.

Like previous editions of the Iowa Drug Control Strategy, the plans put forward here are the result of a collaborative effort among drug treatment, prevention, and law enforcement professionals. To have a strategy that is open and inclusive, the Office of Drug Control Policy engages stakeholders through the Drug Policy Advisory Council and through numerous interactions with private citizens and professionals from all walks of life involved in the battle against illegal drugs.

This approach ensures our goals and ideals are consistent with the reality of what is happening on our streets but are also reflective of the best ideas available today. For example, collaboration between state and local law enforcement officials and information sharing through Iowa's network of anti-drug task forces stems the tide of dangerous narcotics into our state. Partnerships with diverse interests such as human services and veterans' officials, led by the Department of Corrections, are yielding new and innovative ways to assist offenders as they leave prison, fortifying the chance they become law-abiding and tax-paying citizens again instead of repeat offenders. Dialogue between health care leaders and state regulators has improved usage of important tools like the Prescription Drug Monitoring Program, reducing the potential for abuse of legal drugs available by prescription.

GOALS:

To improve our state, we must set goals and strive to achieve them. The Iowa Office of Drug Control Policy again sets these goals for Iowa:

Reduce the percentage of 11th graders who are current users of drugs and alcohol.

One of the keys to reducing substance abuse is keeping kids from ever starting. Science indicates that if we **can keep young people drug free until about the age of 21, they are almost guaranteed to stay drug free for life.** Iowa has moved the numbers in the right direction from the most recent reports, with fewer youth reporting current usage of alcohol, tobacco, and certain other drugs. By increasing focus on prevention in the early years, we improve the chances of a vibrant future for Iowa's children.

Reduce the number of Iowans who die from prescription pain medication and heroin overdose.

Prescription pain reliever abuse closely linked with heroin and other opioid abuse, has reached epidemic proportions across the nation. Iowa is not immune from this trend. However, through the combined efforts of health care professionals, the prevention and

Executive Summary

treatment communities and others, Iowa saw a decrease in the number of pain reliever overdose deaths reported in 2014, when 61 Iowans died as a result of pain reliever and heroin related overdoses.

Improve the percentage of Iowans who are employed post treatment. Contributing to the well-being of a person's family and community through meaningful employment can be the difference between sobriety and relapse for countless people leaving drug treatment. In 2014, 68.5% of clients leaving treatment were employed 6 months post treatment, a marked increase from 2013 when 60% of clients were employed 6 months post treatment. This positive development is frequently accompanied by reductions in substance abuse relapse and criminal re-offense rates among those successfully completing treatment.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Steven F. Lukan", written over a horizontal line.

Steven F. Lukan

Director



Chapter 1: Strengthen Efforts that Lead Iowans to be Healthy & Drug-Free

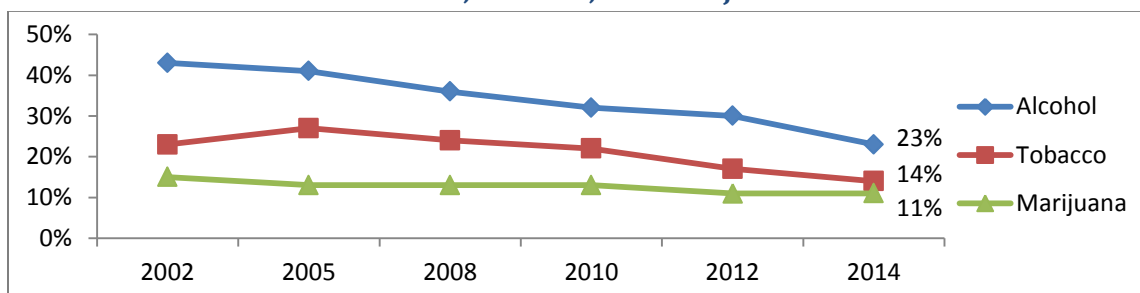
The use of drugs and abuse of alcohol has a devastating impact on the safety and well-being of all Iowans. Preventing drug use before it begins and changing attitudes are cost-effective ways to build safe and healthy communities. Effective treatment addresses addiction issues and has a long-term positive impact on the addict, their family and the community-at-large.

Reduce youth use of alcohol, tobacco, and marijuana

Youth who begin using substances as pre-teens or teenagers are much more likely to experience alcohol and other drug abuse problems later in life. Delaying the onset of illegal drug use or alcohol abuse is an important strategy for reducing the incidence and prevalence of youth substance abuse. Traditionally, youth in grade 6 use less than students in grade 8, who use less than students in grade 11. By using evidence-based, comprehensive prevention strategies in schools and communities, particularly while children are young, Iowa youth should report less substance use than in previous years.

The Iowa Youth Survey (IYS) is a self-reporting survey conducted every two years by the Iowa Department of Public Health's Division of Behavioral Health. Results from the 2014 survey were released in the spring of 2015. The IYS compiles data regarding the use of alcohol and other drugs from youth in grades 6, 8, and 11 in public and non-public schools. Students answer questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of peers, family, schools and community environments.

Percent of Students in Grade 11 Reporting Current Use of Alcohol, Tobacco, and Marijuana



Source: CY, [Iowa Youth Survey](#)

What Works

Initiatives that work to reduce the number of Iowa youth who use alcohol and other drugs include: schools implementing evidence-based substance abuse prevention programming; increasing the awareness of, and access to, prevention programming and information; reducing

youth access to alcohol, tobacco, and illicit drugs; programming that is culturally relevant to the target population; alignment with the national strategic prevention framework, as well as state frameworks, including the components of assessment, capacity building, planning, implementation and evaluation; community coalitions involving professionals, parents, and others who support prevention efforts; mentoring programs based on best practices; and strengthening the involvement of parents, and other influential adults as healthy role models.

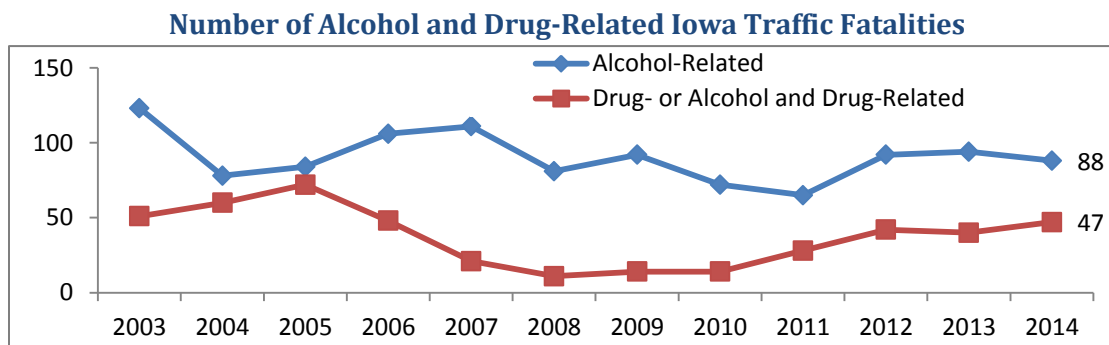
Current and Proposed Strategies

- Support community coalition, school-based and statewide prevention efforts with user-friendly tools that will assist positive youth development and prevention programs
- Support the Iowa Department of Education's Learning Supports initiative along with other state prevention efforts through the Iowa Collaboration for Youth Development
- Provide timely information on emerging drugs of abuse
- Support prevention program training for community organizations
- Complete the prevention needs assessment through data analysis
- Use public service campaigns such as those by the Partnership @ DrugFreeIowa.org to empower caregivers to educate children and prevent drug use, and promote media literacy to help youth make healthy choices
- Conduct the Iowa Youth Survey every two years
- Resist efforts to legalize marijuana

Reduce the number of alcohol and drug-related Iowa traffic fatalities

Impaired driving remains a significant factor in traffic related injuries and fatalities in Iowa. Motor vehicle crashes are the leading cause of death for all 15-20 year olds, according to the National Center for Health Statistics. Alcohol is one of the leading causes of fatal traffic crashes. In Iowa, alcohol is second only to excessive speed as a contributing factor in all traffic crashes.

In Iowa, a person commits the offense of operating while intoxicated (OWI) if that person operates a motor vehicle while under the influence of alcohol, drugs or a combination of both. The per se law makes the driver culpable even without any outward signs of intoxication. This is important to note when dealing with prescription drug abuse.



Source: CY, [Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau](#)

What Works

Initiatives that work to reduce the number of alcohol and drug-related traffic fatalities in Iowa include: specialized alcohol-related traffic safety education; environmental prevention strategies addressing community norms about alcohol use and abuse; reducing youth access to alcohol products; alcohol compliance checks at retail establishments, bars, and restaurants; alcohol server/seller training; graduated licensing for underage youth; lockouts for vehicles; intervention and education programs for first-time OWI offenders; and having a 21 year-old legal drinking age.

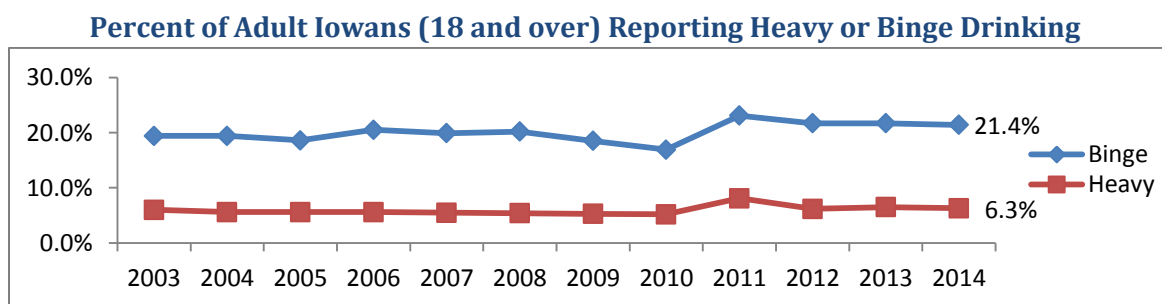
Current and Proposed Strategies

- Support education for retail clerks on how to check IDs and decline sales to minors
- Support the intervention training for servers in restaurants/bars
- Enforce drunk and drugged driving laws with law enforcement personnel
- Enforce social host laws
- Continue collaboration between treatment programs and community colleges to provide a statewide education program for convicted OWI offenders
- Support education/diversion programs for minors in possession (first offense)
- Support implementation of a media literacy initiative to help youth decode pro-alcohol, tobacco, and drug messages and make healthier choices
- Support enforcement of penalties against non-compliant retailers, clerks, and youth

Reduce the number of Iowans engaged in heavy or binge drinking

Alcohol is the most frequently abused substance in Iowa. Alcohol consumed on an occasional basis at the rate of no more than one ounce per hour poses little risk to most adults. Currently, the recommended maximum alcohol consumption for those under the age of 65 is an average of two drinks per day for men and one for women. Iowans who drink with greater frequency or in greater quantities put themselves at risk for a host of medical problems including cancer, cardiovascular events, and liver and kidney metabolic diseases.

Alcohol dependency and abuse are major public health problems carrying enormous cost and placing heavy demands on the health care system. Additionally, heavy and binge drinking threatens the safety of others through alcohol-related crashes and fatalities, homicides, sexual assault and workplace accidents. Reducing heavy and binge drinking in Iowa will improve the health and safety of Iowans while reducing health care costs. According to the data below, percentages of adult Iowans who report heavy and binge drinking have remained nearly steady.



Source: [CDC Behavioral Risk Factor Surveillance System](#)

What Works

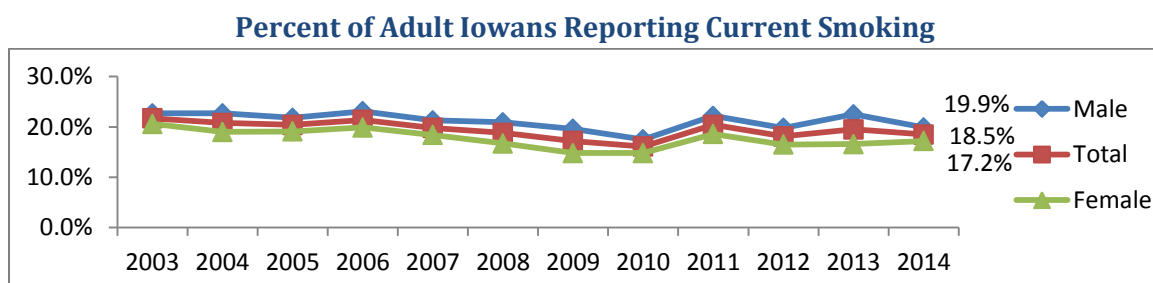
Initiatives that work to reduce the percentage of Iowans who binge drink or drink heavily include: Drug-free workplace policies; school and community programming; community coalitions involving professionals, parents, and other supporters; raising the age of onset of alcohol use; prevention services for the lifespan (prenatal through death); and the 21 year-old legal drinking age.

Current and Proposed Strategies

- Support comprehensive drug-free workplace programs, including policy development, employee education, supervisor training, intervention and drug testing
- Promote to the public the availability of prevention & treatment services including the Iowa Substance Abuse Information Center toll-free helpline (1-866-242-4111)
- Assist community coalitions in establishing standards, codes, and policies that reduce the incidence and prevalence of alcohol and other drug abuse in the general population
- Support efforts to address underage and binge drinking among youth and on college campuses, using education to correct misconceptions about alcohol

Reduce the number of Iowans who smoke

Tobacco use is the single largest cause of preventable premature mortality in the United States. It represents an enormous financial burden on healthcare, costing an estimated \$1 billion annually in Iowa alone. Tobacco use among adults and exposure to secondhand smoke continue to be major public health problems. Having fewer tobacco users of all ages in Iowa and creating smoke-free environments for all Iowans are keys to reducing tobacco-related illnesses and costs.



Source: [CDC Behavioral Risk Factor Surveillance Surveys](#)

What Works

Initiatives that work to reduce the percentage of Iowans who smoke include: tobacco retailer compliance checks, education and reinforcement; community mobilization combined with additional interventions; reducing client out-of-pocket costs for tobacco cessation therapies; multi-component interventions; telephone hotlines; and healthcare provider reminder systems.

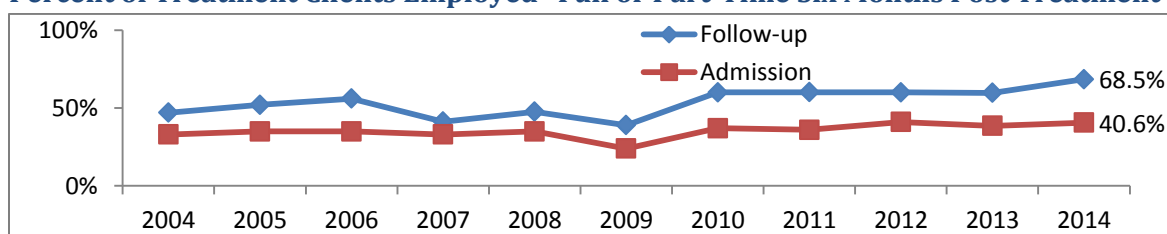
Current and Proposed Strategies

- Quitline Iowa, 1-800-QUITNOW, a statewide smoking cessation hotline
- Community Partnership Grants for tobacco use prevention and control
- Regular tobacco sales compliance checks

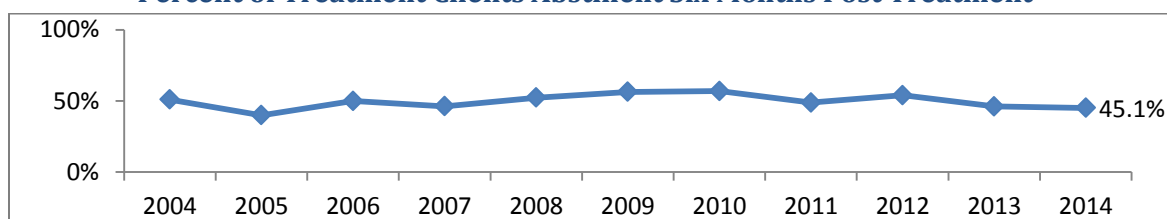
Increase the number of treatment clients who are employed and abstinent six months post-treatment

Over 68% of treatment clients who participated in the Year Seventeen Outcomes Monitoring Study for 2014 were employed full or part-time six months after treatment, compared to only 40.6% of clients at treatment admission. More than 45% of treatment clients remained abstinent six months after treatment discharge. Treatment must be comprehensive, evidence-based, and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and has a long-term positive impact on each person, family, and community.

Percent of Treatment Clients Employed *Full or Part-Time Six Months Post Treatment



Percent of Treatment Clients Abstinent Six Months Post Treatment



*Beginning in 2010, employment includes full and part-time, whereas in past years, this chart only reflects full-time employment.

Source: Iowa Department of Public Health Division of Behavioral Health – Outcomes Monitoring System

Prepared by the [Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa](#)

What Works

Initiatives that work to keep treatment clients abstinent and employed six months after treatment discharge include: drug task force enforcement of laws, which leads to more treatment admissions via the criminal justice system; individualized treatment plans; increased accessibility and capacity for treatment; early identification; aftercare services; retention in treatment; drug courts; family education; and treating co-occurring disorders.

Current and Proposed Strategies

- Support expansion of drug courts and other effective specialty courts
- Support early education in high-risk populations such as children of addicts
- Promote selected prevention programming with identified high-risk populations
- Promote mid to long-term treatment programs
- Promote the Iowa Department of Public Health's Access to Recovery services and the Recovery Oriented System of Care (ROSC)

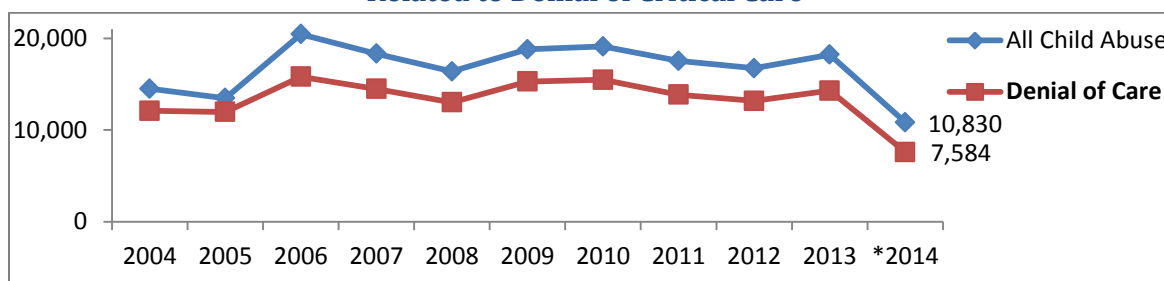
Reduce the number of confirmed or founded cases of child abuse related to the denial of critical care

Experts agree there is a high correlation between parental substance abuse and child abuse. In Iowa, denial of critical care (child neglect) is the most frequent form of child abuse. While not all denial of critical care abuse is related to substance abuse, there is overwhelming evidence that addicted caregivers do not provide adequate care for their children. Cases like these point to the need to recognize the significant impact drug use has on denial of critical care.

Over the past ten years, Iowa Department of Human Services (DHS) data has indicated a large percentage of child abuse cases related to the denial of critical care. However, changes in Iowa's handling of child abuse reports in 2014 make it harder to compare some figures over time.

In 2014, DHS instituted a reform called Differential Response, which creates two pathways for handling reports of alleged denial of critical care. Denial of critical care reports initially seen as involving low risk are assigned to the Family Assessment pathway, which does not lead to a determination of where or not there was child abuse. Reports with a higher perceived risk to children are assigned to the traditional Child Abuse pathway where DHS staff make a determination of whether abuse occurred or not. Family Assessment reports can be transferred to the Child Abuse pathway if the risk of harm to a child is greater than the first perceived risk. Because of Differential Response, the total number of children abused is far lower than in previous years.

**Number of Confirmed or Founded Cases of Child Abuse
Related to Denial of Critical Care**



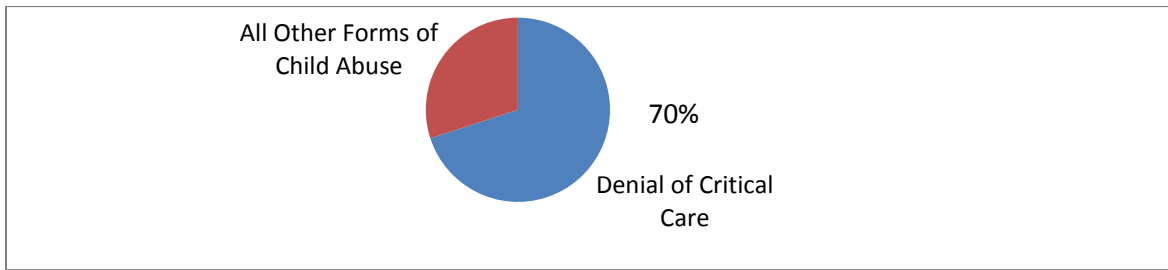
Source: CY, [Iowa Department of Human Services](#)

**Since a child can be confirmed to be the victim of more than one form of child abuse at one time, the number of types of abuse is greater than the number of children abused. Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart showed Confirmed cases only.*

**January 1, 2014, DHS implemented Differential Response system for reacting to child welfare complaints.*

In previous years, denial of critical care cases comprised almost 80% of total abuse cases. In 2014, approximately two out of every five denial of critical care cases were assigned to Family Assessment and did not receive a determination of abuse. By contrast, all reports involving the other forms of abuse went the Child Abuse Assessment pathway and were subject to a determination of abuse. As a result of this different handling of reports, the proportion of all cases of confirmed or founded abuse that involved denial of critical care declined to 70%.

**Percentage of Confirmed or Founded Cases of Child Abuse
Related to Denial of Critical Care**



Source: CY, [Iowa Department of Human Services](#)

**Since a child can be confirmed to be the victim of more than one form of child abuse at one time, the number of types of abuse is greater than the number of children abused. Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart showed Confirmed cases only.*

**January 1, 2014, DHS implemented Differential Response system for reacting to child welfare complaints.*

What Works

Initiatives that work to reduce the number of child abuse cases related to denial of critical care include: family drug treatment court; child welfare-substance abuse partnerships; Community Partnerships for Protecting Children; drug testing; improved intake/screening/assessment and treatment for system involved clients and the Drug Endangered Children program.

Current and Proposed Strategies

- Support the adoption of Iowa's Drug Endangered Children model by new communities
- Promote Moms Off Meth and Dads Against Drugs support groups
- Promote drug testing of parents suspected of using and their children in Child in Need of Assistance cases where drug use is suspected to be a contributing factor
- Promote the Department of Human Services' Community Partnership for Protecting Children Initiative and its Parent Partners program
- Promote family drug treatment court for addicted parents involved in Child in Need of Assistance cases



Chapter 2: Safeguard Iowa Communities from Illegal Drugs

By reducing illegal drugs in Iowa communities, the cycle of addiction that compromises our communities' health and safety can be broken, and our youth will be much safer.

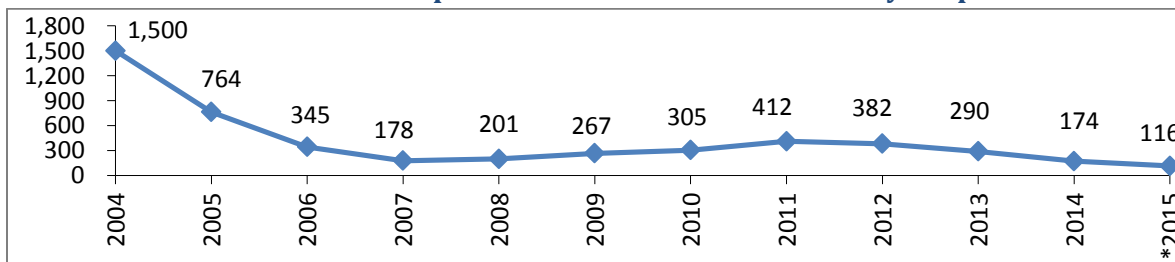
Reduce the number of clandestine drug labs in the State

Methamphetamine is one of the few drugs of abuse which can be easily synthesized using items commonly found in most homes. Newer methods of making methamphetamine, called one-pot or "shake n bake" labs, also pose a threat to unsuspecting Iowans. These methods generally use less pseudoephedrine and produce methamphetamine in smaller quantities, but are no less dangerous than other production methods. They involve putting toxic chemicals in a plastic bottle and shaking it, causing an extremely high amount of pressure to build up in the container resulting in rupture. The process is incredibly unstable, causing fires and injuring people. The remnants are often disposed of in neighborhoods and ditches.

Another new form of drug manufacturing reportedly is making its way into Iowa. Butane hash oil (BHO) labs are named after the process of extracting high-potency THC from marijuana using butane. Aside from their environmental impact, drug labs pose a particular hazard to children and other unsuspecting Iowans who come in contact with unsafe materials or waste, or are impacted by explosions and flash fires from these cooks.

Since passage of Iowa's Pseudoephedrine Control Act in May 2005, there has been a significant drop in the number of methamphetamine labs in Iowa. State legislation to implement a real-time, electronic, pseudoephedrine tracking system was successfully passed in 2009. The system was implemented in 2010. Iowa ODCP manages the system which connects all pharmacies to identify those who attempt to illegally purchase more than their daily or monthly limit to make methamphetamine. 100% of pharmacies in the state that sell pseudoephedrine products over-the-counter actively participate. This connectivity helps reduce smurfing (pharmacy-hopping) and law enforcement reports the system is very helpful in methamphetamine investigations.

State and Local Methamphetamine Clandestine Laboratory Responses



*Calendar year through September 30

Source: CY, [Iowa Department of Public Safety](#)

What Works

Initiatives that work to reduce clandestine drug labs in Iowa include: enforcement units that respond to and dismantle clandestine laboratories; multi-jurisdictional drug enforcement task forces; coordinated intelligence collection, analysis and sharing; collaborating with community businesses, human services, corrections, and health care; real-time electronic precursor (pseudoephedrine or PSE) tracking and point-of-sale controls; and pharmacist and technician education.

Current and Proposed Strategies

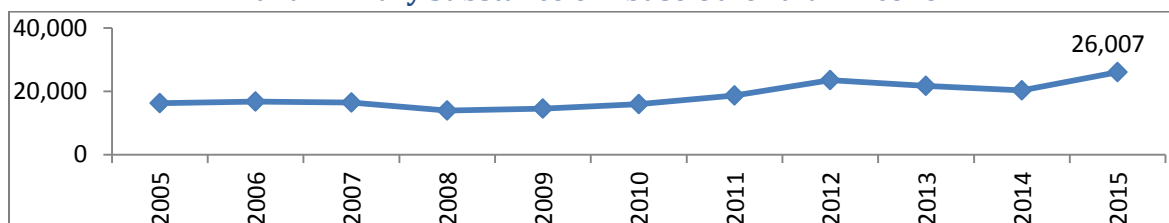
- Support the DEA Lab Container Program coordinated by the Iowa Department of Public Safety and local law enforcement agencies
- Continue Iowa's Pseudoephedrine Tracking System to enforce laws, prevent smurfing, and reduce meth labs
- Continue training on emerging drug issues for local law enforcement and prosecutors
- Promote use of intelligence systems that provide connectivity among law enforcement
- Promote the use of the Environmental Protection Agency's meth lab cleanup guidelines
- Provide education on new drug production techniques to retailers and the public
- Encourage border states to adopt electronic tracking of pseudoephedrine like Iowa, helping block smurfs who cross the border to purchase and return to Iowa to cook meth
- Support training to local agencies to respond to clandestine drug laboratories

Increase treatment admissions for substances other than alcohol

Appropriate and effective substance abuse treatment is essential in breaking the cycle of addiction and promoting public safety. Few people enter substance abuse treatment without pressure from family members or sanctions from authority figures such as employers or criminal justice officials. For many illicit drug users an arrest is the first step in a long process of rehabilitation and recovery.

In Iowa, about half of the clients screened/admitted to substance abuse treatment are referred by the criminal justice system. Drug Task Forces play a key role in getting more Iowa drug offenders into treatment. In Iowa counties where there is active drug task force coverage, 45% more treatment admissions are made via the criminal justice system than in counties without task forces. An ODCP analysis finds an average of 6.17 treatment admissions per 1,000 in population via the criminal justice system in task force covered counties versus only 4.26 treatment admissions per 1,000 in population in non-covered counties.

Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance of Abuse Other than Alcohol



Source: FY, [Iowa Department of Public Health, Division of Behavioral Health](#)

What Works

Initiatives that work to increase treatment admission numbers for drugs in Iowa include: multi-jurisdictional drug task forces; coordinating intelligence collection and sharing; community-based treatment; drug courts; intensive supervision with treatment; and Access to Recovery.

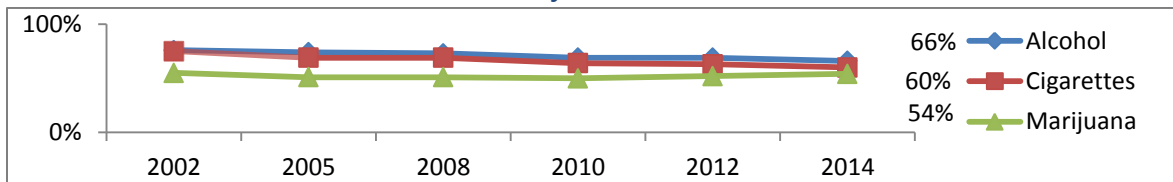
Current and Proposed Strategies

- Increase utilization of criminal and family treatment drug court programs
- Enhance treatment services for parents with substance use disorders via Differential Response and Parent Partners
- Promote community-based substance abuse treatment
- Promote the Iowa Department of Public Health's Recovery Oriented System of Care
- Promote jail-based treatment programs for substance abusers
- Divert low-risk substance abusers to treatment by social services and health providers before they become involved in the criminal justice system
- Expand Medication Assisted Treatment for opioid abuse
- Enhance treatment of co-occurring substance abuse and mental health disorders

Reduce the ease of access to cigarettes, alcohol, and marijuana by Iowa's youth

The Iowa Youth Survey has shown a reduction in how easy students in grade 11 think it would be to obtain alcohol, cigarettes, and marijuana. In 2014, 66% of 11th graders thought it would be "easy" or "very easy" to get alcohol. Ease of access is a key factor in youth substance abuse.

**Ease of Access to Cigarettes, Alcohol, and Marijuana in Iowa Communities
As Perceived by Iowa 11th Graders**



Source: CY, [Iowa Youth Survey](#)

What Works

Initiatives that work to reduce the perceived ease of access to cigarettes, alcohol and marijuana by Iowa youth include: schools implementing evidence-based substance abuse prevention programming; increasing access to prevention programming; reducing youth access to harmful substances; cross training among multiple disciplines to enhance involvement in prevention; a credible and sustainable prevention workforce; aligning with the national strategic prevention framework; community coalitions involving multiple sectors; mentoring programs; evidence-based parent education programs; healthy role models; and the 21 year-old legal drinking age.

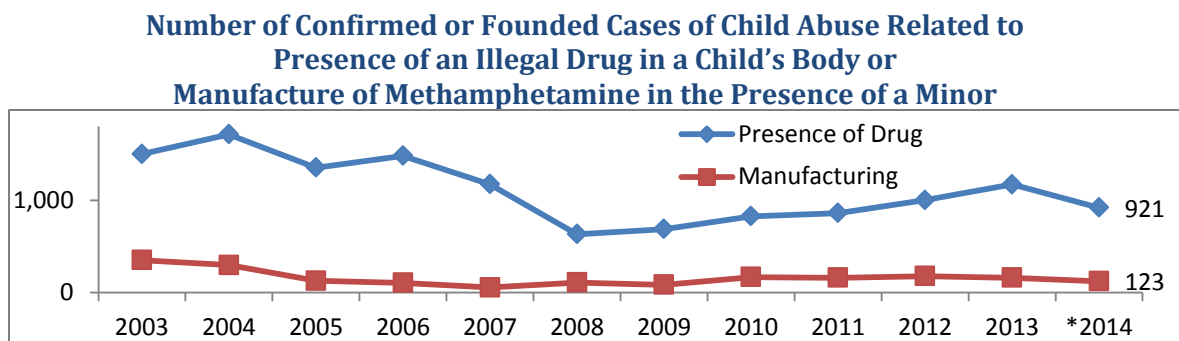
Current and Proposed Strategies

- Support community coalition, school-based, and statewide drug prevention efforts
- Assist school districts and communities in selecting the best evidence-based positive youth development programs and prevention in their target population
- Promote public health efforts with the Learning Supports initiative & needs assessment
- Provide timely information on emerging drugs of abuse to interested parties

- Enforce social host laws
- Compliance checks and server trainings to prevent sales of alcohol and tobacco to underage customers
- Promote Partnership @ DrugFreeIowa.org public service campaigns and media literacy
- Support administration of the Iowa Youth Survey

Reduce the number child abuse cases related to the presence of an illegal drug in a child's body or manufacturing meth in the presence of a minor

In 2014, the presence of illegal drugs in a child's body and manufacturing methamphetamine in the presence of a minor accounted for 921 founded child abuse reports. When all denial of critical care, presence of illegal drugs in a child's body and manufacturing methamphetamine in the presence of a minor are combined, they represent 80% of confirmed and founded child abuse cases in Iowa. Intervention with these families provides the opportunity for the parents to get treatment. The intervention provides the motivation for parents to successfully complete the treatment protocol in an effort to be reunited with their children. Treatment can also break the generational cycle of addiction and abuse, dramatically improving children's futures.



Source: CY, [Iowa Department of Human Services](#)

* In 2006, DHS began reporting Confirmed and Founded totals together whereas in previous years this chart showed Confirmed only.

*DHS does not drug test all children if other evidence substantiates a confirmed or founded report.

*January 1, 2014, DHS implemented Differential Response system for reacting to child welfare complaints.

What Works

Initiatives that work to reduce child abuse cases involving meth labs and drugs in a child's body include: family drug treatment court; child welfare-substance abuse partnerships; Community Partnerships for Protecting Children; drug testing; improved intake, screening, assessment and treatment for system involved clients; the Drug Endangered Children program; community-based follow-up; support services; substance abuse treatment; and parenting programs.

Current and Proposed Strategies

- Support the adoption of Drug Endangered Children protocols by communities
- Support Moms Off Meth and Dads Against Drugs support groups
- Ensure drug testing of parents and children in Child in Need of Assistance cases
- Promote the Iowa Department of Human Services' Community Partnership for Protecting Children Initiative
- Promote family drug treatment court for addicted parents involved with in Child in Need of Assistance cases

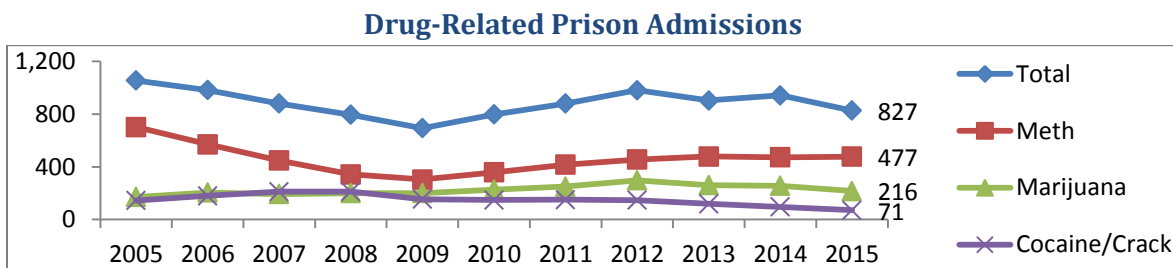


Chapter 3: Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration

The use of alcohol and other drugs has long been associated with crime and delinquent behavior that disrupts family, neighborhood, and community life in fundamental and long-lasting ways. People who are abusing alcohol and other drugs are more inclined to commit crimes and pose a public safety threat. About ninety percent of all prison inmates, regardless of the crime they are imprisoned for, abuse alcohol or other drugs. Studies have shown that substance abuse treatment reduces not only drug use but related crime as well. Iowans are safer when offenders returning to their communities have completed treatment.

Reduce drug-related crime and associated prison admissions

FY 2005 saw the first reduction in drug-related prison admissions in a decade. The reduction from 2004-2009 was largely driven by a sharp decline in methamphetamine cases after the implementation of Iowa's Pseudoephedrine Control Act in May 2005. Since then, however, the importation of meth through drug trafficking organizations has helped fuel an increase in meth related prison admissions. In FY 2015, there were 827 people imprisoned on drug-related charges. Of those, 477, or 58%, were meth-related. Cocaine/crack admissions have reached their lowest level since 2004 when this data began being collected.



Source: FY, [Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning](#)

What Works

Initiatives that work to reduce drug-related prison admissions include: precursor controls; environmental prevention policies; drug, mental health, and other specialty courts; drug-free housing; intensive supervision coupled with treatment; diversion to treatment; long-term aftercare programming and wrap around services to reduce recidivism; prison to community transitional and re-entry services; indicated prevention programs for at-risk youth; jail-based treatment; mental health and dual-diagnosis treatment, and drug enforcement task forces.

Current and Proposed Strategies

- Support clandestine drug manufacturing precursor controls

Chapter 3: Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration

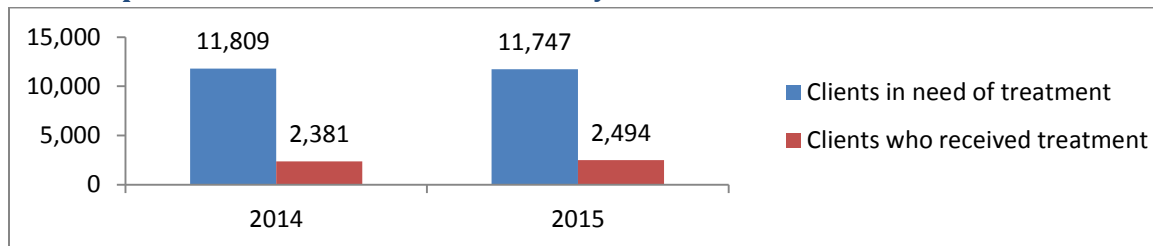
- Support community- and jail-based drug treatment programs
- Support offender second chance reentry programs
- Expand the use of Recovery Oriented System of Care with Public Health and others to take a more holistic approach to treatment that focuses on the individual's self, family, access to employment and follow-up care
- Continue use of drug courts, other specialty courts, and other diversion programs to address the needs of offenders in each district
- Support early intervention programs for youth at risk for substance abuse and crime

Increase the number of community-based offenders, with an identified substance abuse treatment need, who receive treatment

Studies have shown that substance abuse treatment reduces drug use and related crime. The Iowa Consortium for Substance Abuse Research and Evaluation, on behalf of the Iowa Department of Public Health, Division of Behavioral Health, conducts an annual outcomes evaluation of publicly funded drug treatment clients. As the data demonstrate, all Iowans are safer when offenders returning into the community have completed substance abuse treatment. Findings from the 2014 report include:

- 84% of clients reported no arrests in the six months post discharge from treatment
- Full or part-time employment increased from 40.6% at treatment admission to 68.5% six months since discharge from treatment
- 45.1% of clients remained abstinent six months since their discharge from treatment

Department of Corrections Community-Based Substance Abuse Treatment



Source: FY, [Iowa Department of Corrections](#)

What Works

Initiatives that work to increase the number of community-based offenders who receive treatment when needed include: community aftercare; therapeutic communities with aftercare; community-based treatment; drug and other specialty courts; drug-free housing; intensive supervision coupled with treatment; wrap-around services (e.g. life skills training, anger management classes, housing and transportation assistance); and long term aftercare.

Current and Proposed Strategies

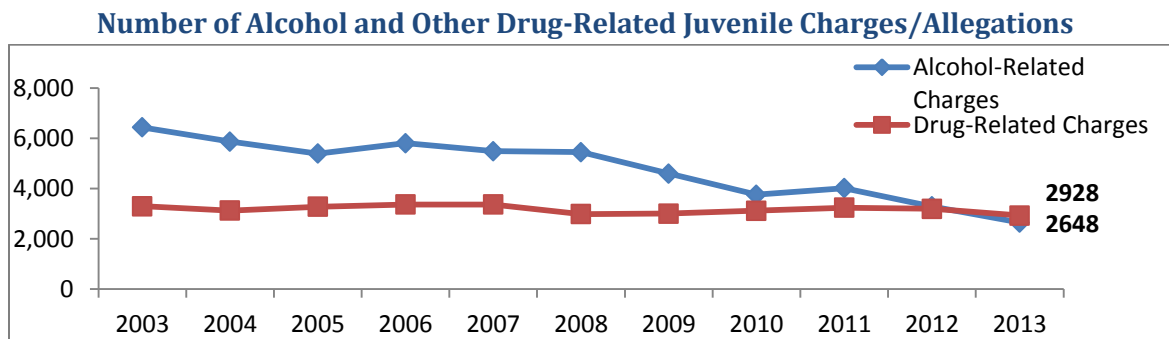
- Refine distance or electronic treatment programs for efficacy
- Support the Iowa Medical Classification Center's efforts to provide centralized substance abuse assessments
- Promote community-based drug treatment programs for substance abusers

Chapter 3: Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration

- Continued use of drug and other specialty courts and other programs to address the needs of offenders in each district
- Support continuing care and reentry programs to support the return of offenders to the community after completion of prison-based treatment programs
- Support the effective management and treatment of dual diagnosis offenders
- Expand Medication Assisted Treatment

Reduce the number of juvenile alcohol and other drug-related charges

Youth who use substances not only put themselves at risk for health problems and addiction, they often wind up in the juvenile justice system for crimes related to their substance abuse. The adolescent brain is especially vulnerable to addiction. The State Training School provides highly structured, restrictive environments to assist teenagers who are adjudicated as delinquents or children in need of assistance (CINA). The average age of admittance was 16.62 years and the average length of stay was 9.94 months.



Source: [Iowa Justice Data Warehouse](#)

What Works

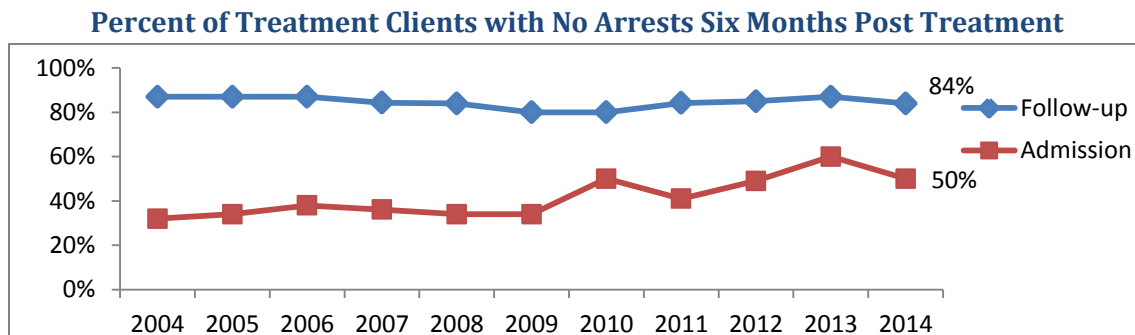
Initiatives that work to reduce the number of alcohol and drug-related juvenile charges include: adult to youth mentoring utilizing best practices; community coalitions involving professionals, parents, and others who support prevention efforts; environmental prevention strategies such as modifying attitudes and behaviors regarding drugs of abuse; substance abuse prevention programming targeting identified high-risk youth and caregivers; positive youth development programs and strategies; employment/job shadowing programs for at-risk youth; coordinating services between education, vocational rehabilitation, the Department of Human Services and Juvenile Court officers; intervention and education programs; and 21 as the legal drinking age.

Current and Proposed Strategies

- Support youth-to-youth and adult-to-youth mentoring
- Support training to mentors on prevention programs and how to implement them
- Support public service media campaigns by the Partnership @ DrugFreeIowa.org to modify views, correct misconceptions, and empower caregivers to talk with children
- Promote media literacy initiative to help youth decode pro-alcohol, tobacco, and drug messages and make healthier choices
- Promote positive youth development and prevention in schools and communities
- Support prevention services targeting high-risk youth and their parents

Increase the number of treatment clients with no arrests six months after completing treatment

Fifty percent of treatment clients who participated in the Year Seventeen Outcomes Monitoring Study for 2014 had no arrests prior to treatment. But, six months after treatment, 84% of clients had no arrests. Substance abuse treatment can be successful. But there are factors that can increase the effectiveness of treatment. Length of treatment and a client's level of motivation are major indicators of success. Treatment must be comprehensive and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and has a long-term positive impact on the individual, his or her family and friends, and the community.



Source: Iowa Department of Public Health Division of Behavioral Health – Outcomes Monitoring System
Prepared by the [Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa](#)

What Works

Initiatives that work to reduce recidivism (as shown by the percent of treatment clients with no arrests six months after treatment discharge) include: drug task force enforcement of laws, which leads to more treatment admissions via the criminal justice system; individualized treatment plans; motivational interviewing case management; early identification; aftercare services; retention in treatment – longer stays produce better outcomes; drug and other specialty courts; and family education and involvement.

Current and Proposed Strategies

- Support implementation of evidence-based treatment best practices
- Refine distance or electronic treatment programs for their efficacy
- Support efforts for early identification of substance abuse through education and stigma reduction in high-risk populations such as children of addicts or the elderly
- Support prevention programming with identified high-risk populations
- Support community-based treatment and aftercare
- Promote the Iowa Department of Public Health's Recovery Oriented System of Care and Access to Recovery Services
- Support offender second chance reentry programs
- Enhance treatment of co-occurring substance abuse and mental health disorders

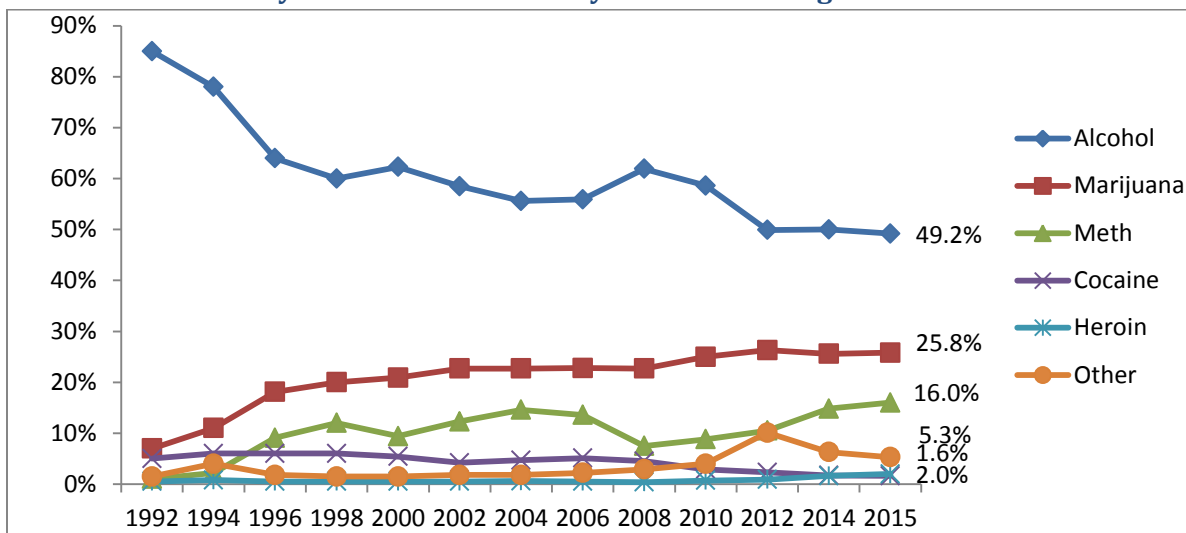


Conclusion

The Iowa Drug Control Strategy serves as a comprehensive blueprint for coordinated state and local substance abuse prevention, treatment, and drug enforcement. As new threats emerge, part of our strength lies in the flexibility we have to quickly acknowledge and react to them.

According to the Iowa Department of Public Health, when entering treatment, clients are screened for their primary substance of choice. The percent of clients with a primary substance of alcohol remained the largest percentage at nearly 50%, though its the lowest it's been in several years. The percent of marijuana clients was less than alcohol at 25.8%, reaching its highest level. Meth admissions are back on the rise, to an all-time high of 16%. Crack/cocaine admissions were down marginally to 1.6%, while heroin admissions reached an all-time high of 2%. The "other or unknown" category of admissions, which could include inhalants, synthetics, prescription drugs, other opiates, and unknown drugs, dropped slightly to 5.3%.

Primary Substance of Choice by Iowans Entering Treatment



**In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.*

Source: SFY, [Iowa Department of Public Health, Division of Behavioral Health](#)

Many positive trends are occurring in Iowa. However, we cannot escape the reality that some Iowans still engage in dangerous substance abuse behaviors. Our youth in particular are subject to the fastest growing form of substance abuse in Iowa – prescription drug abuse. These substances are legal and easily accessible, often diverted from home medicine cabinets. Teenagers tend to view these drugs as “safe,” and easy to conceal as they don’t leave an odor on your breath or clothes. This trend is also migrating into heroin use due to the cost and availability of opioid pain killers and other prescription drugs. Steps need to be taken to prevent prescription drug diversion and reinforce the message to youth that all drugs carry dangerous consequences.

Conclusion

Although we've gained ground combating methamphetamine, specifically the disruption of meth production in homemade labs, much work remains. A record proportion of Iowans in substance abuse treatment are there primarily because of their meth use, and the bulk of our drug related prison admissions are driven by meth related charges. We must do more to curb the trafficking of drugs into Iowa and reduce the strong demand for the drug.

Marijuana continues to be the most abused illicit drug in Iowa, and all too often holds dangerous consequences for unsuspecting youth. Many mistakenly believe that marijuana is not harmful and is not addictive. The staggering fact that over 60% of our youth admitted to drug treatment cite marijuana as their drug of choice debunks this myth. In fact, marijuana is becoming much more potent and nearly one in ten marijuana users become addicted to the drug.

Over 50% of our youth report that marijuana, tobacco and alcohol would be easy to obtain in their communities. This ease of access coupled with mixed messages that marijuana is not harmful and is medicine unfortunately can contribute to acceptance of an addictive drug. We know young people who experiment with marijuana often end up on the wrong path in life. As such, clear messages need to be communicated to our youth about the danger of all addictive substances, including marijuana.

Working together in prevention, treatment, and enforcement we can strengthen our efforts as we face current and emerging substance use disorder issues in our state. Whether we are health care or law enforcement professionals, community coalition members, teachers, students, parents, or family members, our shared efforts in this important area will make a difference in the lives of all Iowans.



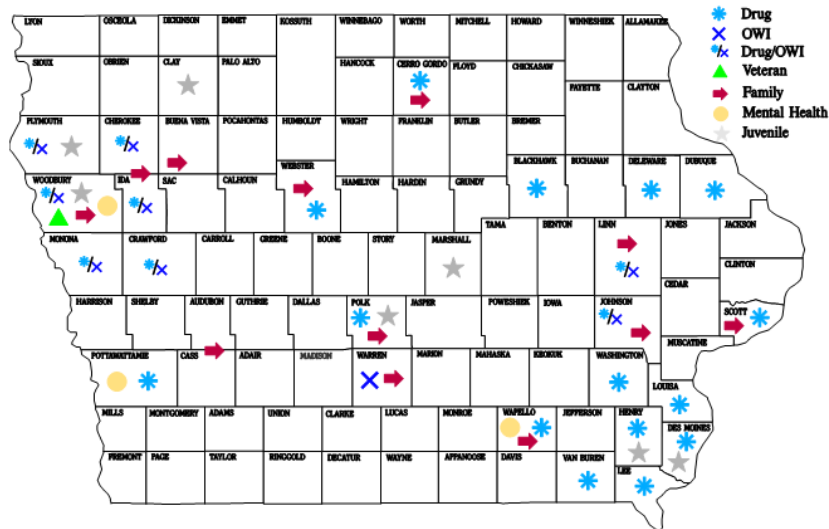
Appendix One: Current Evidence-Based, Promising, and Innovative Responses

Access to Recovery (ATR): There are many proven paths to recovery from substance use disorders. The Iowa Department of Public Health received its third federal Access to Recovery grant in 2014 to make substance abuse treatment and related support services more accessible to nearly 7,000 Iowans.

Community Coalitions: Coalitions have been shown to be effective in reducing alcohol and other drug use among youth and adults in their communities. These formal collaborations between professional and volunteer representatives of local sectors work toward a common goal of building a safe, healthy, and drug-free community. Effective community anti-drug coalitions focus on improving systems and environments. Iowa has several community coalitions, 11 of which received federal Drug-Free Communities Support Program grants in 2015. The Iowa Department of Public Health also held contracts with 12 community coalitions in 2015. Additionally, the Iowa Alliance of Coalitions for Change (AC4C) is entering the second year of a statewide Drug-Free Communities grant to help promote greater networking and coordination among community coalitions.

Drug and other Specialty Courts: Sometimes described as “help with a hammer,” Iowa Drug Courts provide offenders with substance use disorders intensive community-based treatment and supervision as a less costly alternative to incarceration that also reduces recidivism. If offenders don’t stay drug-free during the program, they can be sent to jail. The Judicial Branch, working with the Department of Human Services and the Department of Public Health under a federal grant is establishing Family Drug Treatment Courts in Iowa, to engage drug-affected families in supervised treatment and protect children. Iowa’s Judicial Branch received federal grants in 2014 to plan, implement and expand Family Drug Treatment Courts. In 2012, with the help of ODCP, Iowa Drug Courts also received a three-year grant to help close the gap between mental health care needs and services. This is in addition to a few stand-alone Mental Health Courts. According to the Iowa Judicial Branch, 47 “specialty courts” were operational in the State in 2015: 24 adult criminal drug courts; 12 family treatment courts; seven juvenile drug courts; three mental health courts; and one veterans’ treatment court.

Appendix One: Current Evidence-Based Programs and Promising Innovations



Drug Enforcement: Iowa's multi-jurisdictional Drug Enforcement Task Forces often are the first line of defense against drug-related activities in Iowa communities. There are 17 established task forces covering 54 Iowa counties. Local police and sheriffs' offices work in coordination with the Iowa Department of Public Safety's Division of Narcotics Enforcement and federal agencies. While the primary mission of Drug Task Forces is public safety through drug enforcement, data show they also play a major role in referring drug-endangered children to safe places, removing weapons from drug scenes, and getting more drug-addicted offenders into treatment. There are 45% more treatment admissions that occur via the criminal justice system in counties that are covered by drug task forces than those that are not.

Media Education and Literacy Campaigns: Media messages can influence knowledge, attitudes and ultimately behavior. From convincing teenagers not to smoke to reminding parents to talk with their kids about the dangers of drugs, educational campaigns involving media partners are another prevention tool that can help raise awareness and reduce substance abuse. One promising innovation, begun in 2011 by the Partnership @ DrugFreeIowa.org, is a media education/literacy initiative, to help young Iowans decode advertising and other media messages, so they can make healthier choices.

Medication Assisted Treatment: In 2015, the Iowa Department of Public Health was awarded a three-year federal grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand and enhance Medication Assisted Treatment (MAT) services in Iowa. Four substance abuse treatment agencies will receive funding to expand MAT services in their counties. This grant will also promote awareness among prescribers through the Collaborative Opioid Prescribing Education (COPE) model, as well as general public and professional education efforts.

Mentoring: Several communities utilize evidence-based mentoring programs to reduce the risk of youth substance abuse and criminal behavior, and generally to improve the lives of young Iowans. Many community-based programs are certified by the Iowa Mentoring Partnership.

Methamphetamine Lab Reduction: Combining education, retailer enforcement, and environmental prevention strategies has proven successful in reducing Iowa meth labs by over 80% since their peak (2015 vs. 2004). The implementation of Iowa's Pseudoephedrine Tracking System in 2010, as well as legislation regulating key ingredients used to make meth, has strengthened these public protection efforts.

Parent Partners: Iowa parents who overcome obstacles, such as recovery from addiction, and meet criteria established by the Department of Human Services are trained to mentor other families navigating the child welfare system due to substance use disorders and other difficulties. Parent Partners collaborate with social workers and other professionals to assist in family reunification, accountability and keeping children safe.

Partnerships for Success Grant (PFS): In 2014, the Iowa Department of Public Health was awarded a five-year federal Partnerships for Success (PFS) grant to assist targeted Iowa counties in reducing underage and youth binge drinking. The PFS grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) succeeds the previous federal Strategic Prevention Framework Grant (SPF SIG).

Pregnant and Postpartum Women (PPW): The Iowa Department of Public Health was awarded a three-year federal grant in 2015 to expand and enhance the State's residential treatment continuum of care for pregnant women with substance use disorders.

Prescription Drug Take Backs: One way Iowans can help prevent the illegal diversion and potentially dangerous misuse of prescription drugs is to safely dispose of unused household medicines. The number of permanent Take Back collection sites at Iowa law enforcement centers and pharmacies has grown to about 50. This is in addition to periodic one-day Take Back events sponsored by the U.S. Drug Enforcement Administration and local law enforcement agencies that have netted nearly 30 tons of unused medicines in Iowa alone over the last five years.



Prescription Medicine Abuse Prevention: Prescription drug Take Back events, law enforcement agency and pharmacy drop boxes and similar activities are taking place in a growing number of Iowa communities, safely removing about 30 tons of unused medicines over the last five years that might otherwise be subject to abuse. Coalitions of law enforcement, pharmacies and others offer citizens a convenient and effective way to help reduce prescription drug abuse and protect the environment. Medicine cabinets are a leading source of prescription drug diversion and by removing outdated and unused medicines from homes, the risk of abuse and environmental contamination is reduced.

Prescription Monitoring Program (PMP): The Iowa Pharmacy Board's PMP allows physicians, pharmacists and other health care providers to provide better patient care by coordinating the fast growing number of medicines being prescribed for individuals. About 33% of all licensed prescribers, such as physicians, have registered for access to the PMP, to which pharmacists are required to submit data. Diversion of prescription drugs by Iowans appears to have lowered as use of the tool has risen, and "doctor shopping" may decrease further as more prescribers and pharmacists utilize the PMP.

Protecting Drug Endangered Children (DEC): The DEC initiative incorporates the principals of substance abuse prevention, intervention, treatment, child protection, prosecution, and drug enforcement to protect children from drug users, dealers and manufacturers. Through protocols, training and other efforts, Iowa's DEC Alliance facilitates law enforcement officers working side-by-side with DHS caseworkers, prosecutors, court officials and health care providers toward a common goal: protecting children. The DEC model is being adopted by Iowa communities, helping interested entities and stakeholders join together as a safety net for children and a way of encouraging custodial parents to deal with their addictions so that families can be reunited in healthy ways.

Second Chance Offender Reentry: A seamless transition from the confines of prison to a much less structured community-based environment better prepares offenders to manage their lives in a pro-social, and law-abiding, manner without correctional supervision. Iowa Department of Corrections (DOC) reentry programs may address a number of areas, including job training, education, mentoring, substance abuse and mental health treatment, family-based services, literacy classes, housing and employment assistance. The goal of these programs is to improve public safety, reduce recidivism and lower criminal justice system costs.

State Youth Treatment: The Department of Public Health received a three-year federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2015 to implement evidence based practices to youth and young adults in substance use disorder treatment programs in Iowa. The programs will provide services using the Comprehensive Adolescent Severity Inventory (CASI), Multi-Dimensional Family Therapy (MDFT) and Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT) best practice models.

Substance Use Disorder and Mental Health Treatment: Treatment works to reduce relapse and re-arrest and increase employment, and is less costly than incarceration. Specialized treatment and aftercare services, including Drug-Courts and Jail-Based Treatment have proven effective. Treatment of correctional offenders prior to and/or after their release from prison can also help them reenter the community as a drug-free, law-abiding and productive resident. It is well-established that mental health conditions and substance use disorders may “co-occur,” meaning an individual may be dealing with multiple active illness symptoms at any given time. According to the 2012 National Survey on Drug Use and Health (NSDUH), approximately 8.4 million adults in the United States have a co-occurring disorder. Co-occurring disorders can be further compounded by physical health conditions and symptoms.

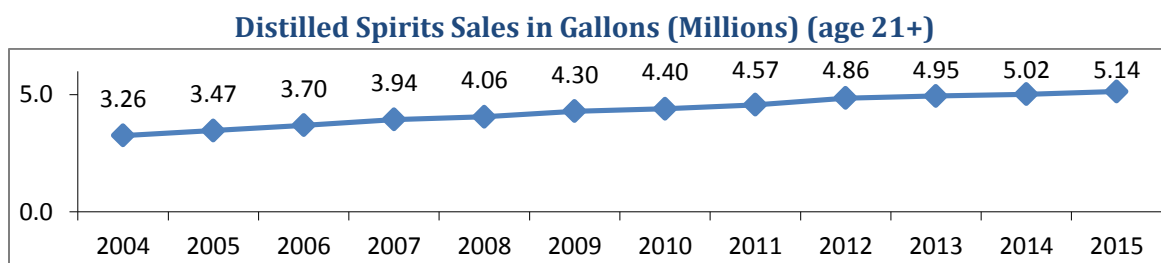
Substance Abuse Prevention: Preventing substance abuse spans the entire life cycle of humans, beginning with proper prenatal care and abstinence from alcohol and other substances to proper medication management by older adults. A wide array of prevention programming customized for delivery in schools, businesses and communities helps stop risky behavior by Iowa youth before it starts and can reduce misuse of drugs by adult Iowans. Often facilitated by prevention professionals, parents and other adult influencers can also play a role in the lives of youth, while an employer or spouse may be the person who influences an adult. The cumulative effect of many efforts over the last decade, including substance abuse prevention, has resulted in significant declines in alcohol and tobacco use by Iowa youth, as evidenced by responses to the Department of Public Health’s Iowa Youth Survey.



Appendix Two: Drug Use Profile

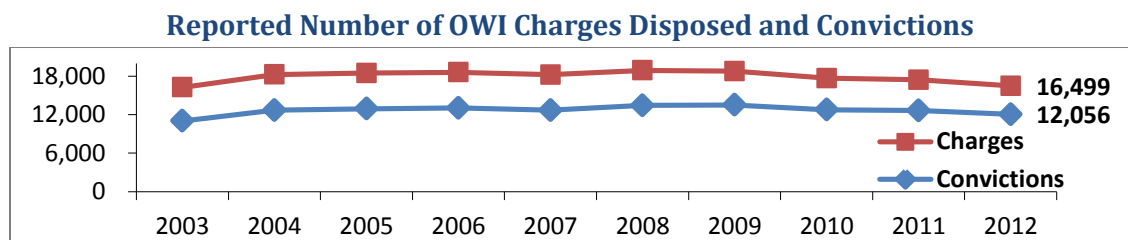
Alcohol

Historically, alcohol is the most prevalent substance of use and abuse by adults in Iowa. Research from the Behavioral Risk Factor Surveillance System compiled by the federal Centers for Disease Control and Prevention indicates that almost six of every ten adult Iowans are classified as current drinkers of alcoholic beverages. Further, one in five adult Iowans is classified as a binge drinker. In order to better understand some of the social implications resulting from the widespread use and abuse of alcohol, data indicators are presented below.



Source: SFY, [Iowa Department of Commerce, Alcoholic Beverages Division](#)

This figure displays data compiled by the Iowa Department of Commerce, Alcoholic Beverages Division, reporting the sale of millions of gallons of distilled spirits to retailers within the State of Iowa. Alcohol sales to retailers have steadily increased 58% over the past twelve years reaching its current high of 5.14 million gallons in FY 2015. This translates to an average availability of 2.36 gallons of distilled spirits, plus 2.15 gallons of wine and 34.16 gallons of beer, per Iowan over the age of 21, in the past year.



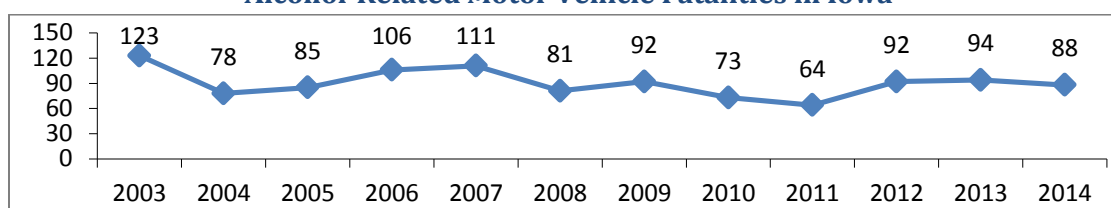
Source: CY, [Division of Criminal and Juvenile Justice Planning](#)

**Charges and convictions included in this table do not include cases in which a deferred judgment resulted in the removal of the record prior to the analysis of the data. As a result, the data may underreport the number of charges and convictions.*

Clerk of Court data compiled by the Division of Criminal and Juvenile Justice Planning (CJJP) indicates that both the number of OWI charges disposed and the number of OWI convictions reported by the courts have remained quite high for the reporting period. OWI arbitrations represent a significant proportion of the criminal caseload in Iowa courts.

Appendix Two: Drug Use Profile

Alcohol-Related Motor Vehicle Fatalities in Iowa



Source: CY, [Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau](#)

Alcohol related motor vehicle fatalities reported by the Iowa Department of Transportation and the Governor's Traffic Safety Bureau (GTSB) have varied in recent years. In 2014, 88 people died in alcohol-related motor vehicle crashes.

Iowa Department of Public Health data show that alcohol remains by far the number one substance of abuse in Iowa. The number of screenings/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse remains at nearly 50%. In FY 2015, 22,669 adults and 1,015 juveniles were screened and/or admitted to treatment with a primary substance of abuse of alcohol.

Primary Substance of Abuse for Clients Screened/Admitted to Treatment

Primary Substance	Juvenile Clients	Adult Clients	% of Total
Alcohol	1,015 (21.7%)	22,669 (53.1%)	49.2%
Marijuana	3,193 (68.2%)	9,288 (21.3%)	25.8%
Methamphetamine	152 (3.2%)	7,573 (17.4%)	16.0%
Cocaine/Crack	15 (0.3%)	757 (1.7%)	1.6%
Inhalants	9 (0.2%)	25 (0.1%)	Less than 0.1%
Other Opiates/Synthetics	48 (1.0%)	2,123 (4.9%)	4.3%
Other/Unknown	294 (5.1%)	1,554 (2.7%)	1.0%
Heroin	14 (0.3%)	962 (2.2%)	2.0%
Total	4,740	44,951	100%

Source: SFY 2015, [Iowa Department of Public Health, Division of Behavioral Health](#)

According to the I-SMART substance abuse data system, the number of clients screened/admitted for substance abuse treatment remains high. IDPH reported 48,098 clients screened/admitted in FY 2015. The percent of clients with a primary substance of alcohol remained almost steady at 49.2%. The percent of all patients reporting marijuana use held generally steady at 25.8%. Reported use of methamphetamine rose to the highest level on record at 16.0%. Crack/cocaine screenings/admissions remained steady at 1.6%, and heroin was specifically reported by 2.0% of Iowans who were screened or admitted to treatment. The "other or unknown" category of admissions, which includes inhalants, synthetics, prescription drugs, other opiates, and unknown drugs, dropped to 5.3%.

Appendix Two: Drug Use Profile

Primary Substance of Abuse for Adult and Juvenile Clients Screened/Admitted to Substance Abuse Treatment

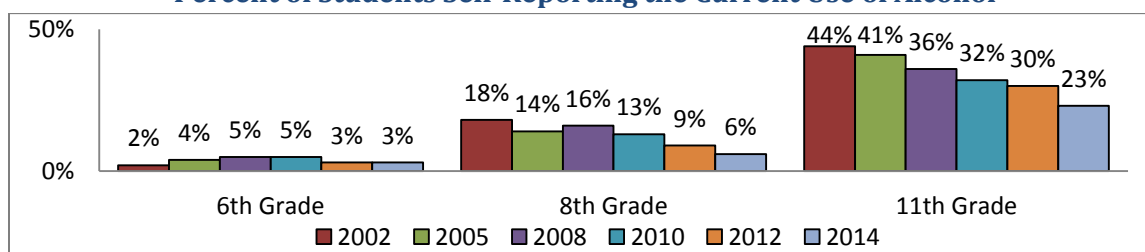
Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	0.6%	1.9%	43,692
2006	55.9%	22.8%	13.6%	5.1%	0.5%	2.2%	44,863
2007	58.3%	22.5%	10.7%	5.2%	0.4%	2.9%	47,252
2008	61.9%	22.7%	7.5%	4.5%	0.4%	2.9%	44,528
2009	61.4%	23.2%	7.8%	3.7%	0.5%	3.4%	44,849
2010	58.6%	25.0%	8.8%	2.9%	0.7%	4.0%	44,904
2011	55.2%	25.7%	9.6%	1.9%	0.9%	6.7%	47,974
2012	49.9%	26.3%	10.5%	2.3%	0.9%	10.1%	50,870
2013	51.2%	26.7%	13.1%	1.9%	1.2%	5.9%	51,045
2014	50.0%	25.6%	14.8%	1.7%	1.6%	6.3%	48,621
2015	49.2%	25.8%	16.0%	1.6%	2.0%	5.3%	48,098

*In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.

Source: SFY, [Iowa Department of Public Health, Division of Behavioral Health](#)

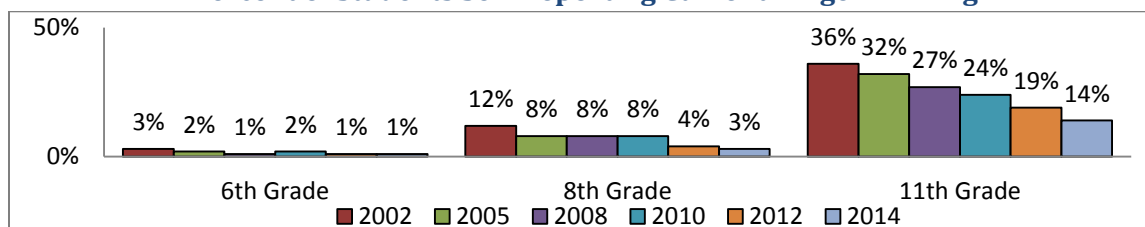
While there have been decreases in self-reported youth alcohol use since the 1999 Iowa Youth Survey (IYS), the data indicate that in 2014 nearly one quarter (23%) of 11th graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. The good news overall however, is that both current and past alcohol use by students in all three of the grades continues to decline.

Percent of Students Self-Reporting the Current Use of Alcohol



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Percent of Students Self-Reporting Current Binge Drinking

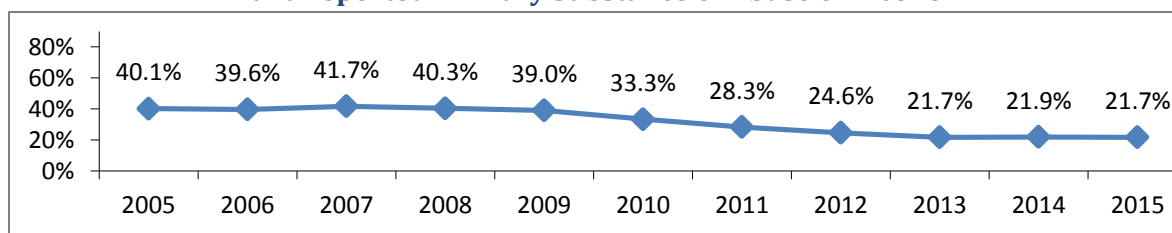


Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Appendix Two: Drug Use Profile

Current (past 30 days) binge drinking (consuming five or more drinks at one time) by youth in grades 6, 8, and 11 as reported in the Iowa Youth Survey has decreased since 1999. However, the IDPH, Division of Behavioral Health, SARS/I-SMART substance abuse reporting system data show that youth screens/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse is at 21.7% of the total. Based on these data, it would appear that while positive strides are being made, alcohol remains a substantial problem for the youth of Iowa.

Percentage of Youth Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol

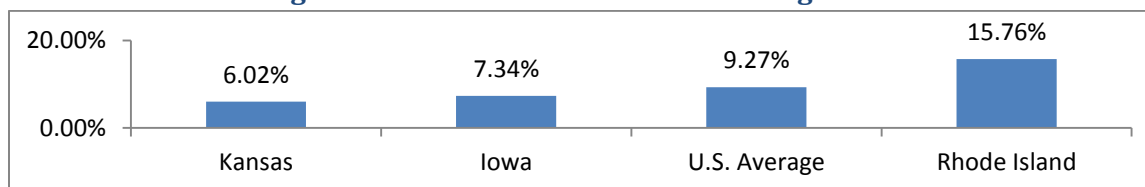


Source: SFY, [Iowa Department of Public Health, Division of Behavioral Health](#)

Illegal Drugs- General Indicators of the Trends in Drug Abuse

It should be noted that data in this section does not include alcohol. As the most abused substance in Iowa, including alcohol would significantly change these figures. According to the most recent National Survey on Drug Use and Health, Iowa has the fourth lowest rate of illicit drug use in the past month.

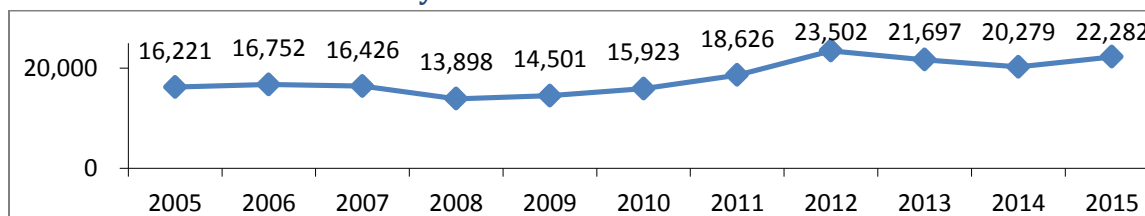
Illicit Drug Use in the Past Month - Lowest to Highest in the U.S.



Source: [2012-2013 National Survey on Drug Use and Health](#)

One indicator of illegal drug use in Iowa is the number of adults seeking substance abuse treatment for a primary substance of abuse other than alcohol.

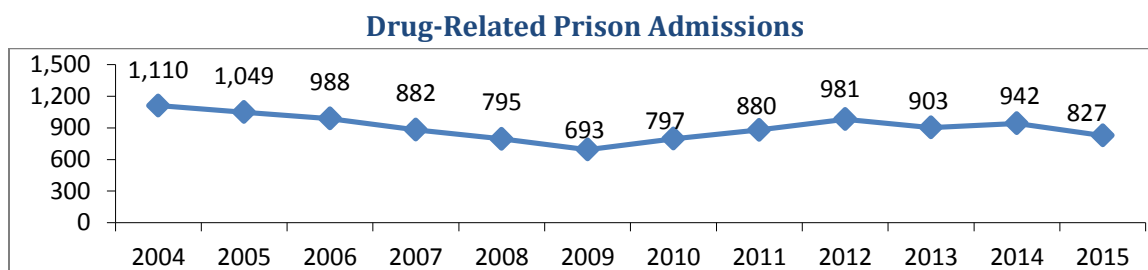
Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol



Source: SFY, [Iowa Department of Public Health, Division of Behavioral Health](#)

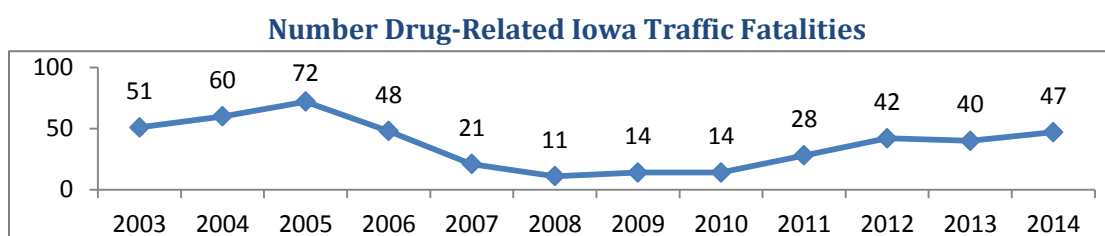
Appendix Two: Drug Use Profile

Drug-related prison admissions collected by the Division of Criminal and Juvenile Justice Planning are another indicator of drug abuse levels. In 2005, a drop in meth lab incidents helped reduce drug related prison admissions. Due, in part, to the increased availability of meth trafficked into the state, drug-related prison admissions rose from 2009 to 2012, but then declined again to their lowest level in five years. This figure shows the offenders admitted to prison with a drug offense as their lead charge.



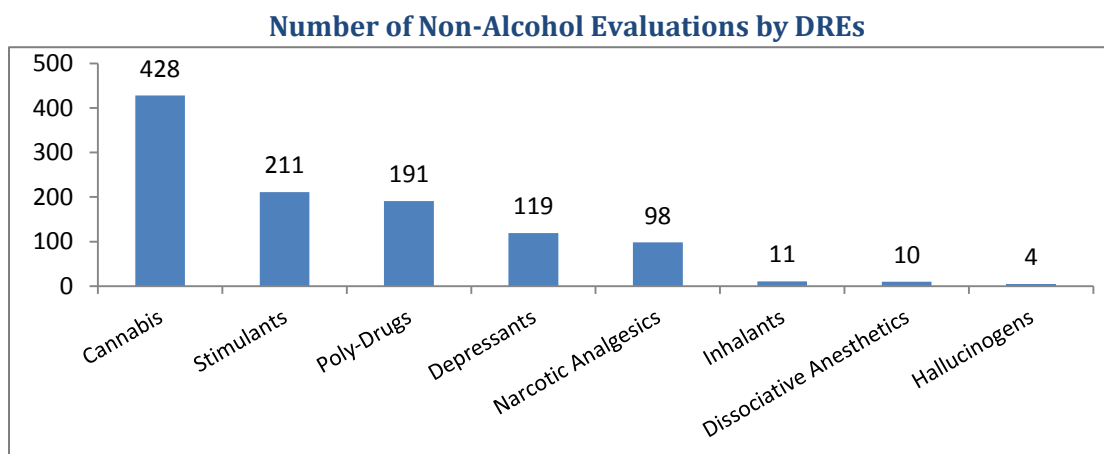
Source: FY, [Criminal and Juvenile Justice Planning](#)

In Iowa, a person commits the offense of operating while intoxicated (OWI) if that person operates a motor vehicle while under the influence of alcohol, drugs or a combination of both. The per se law makes the driver culpable even without any outward signs of intoxication. This is important to note when dealing with prescription drug abuse.



Source: CY, [Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau](#)

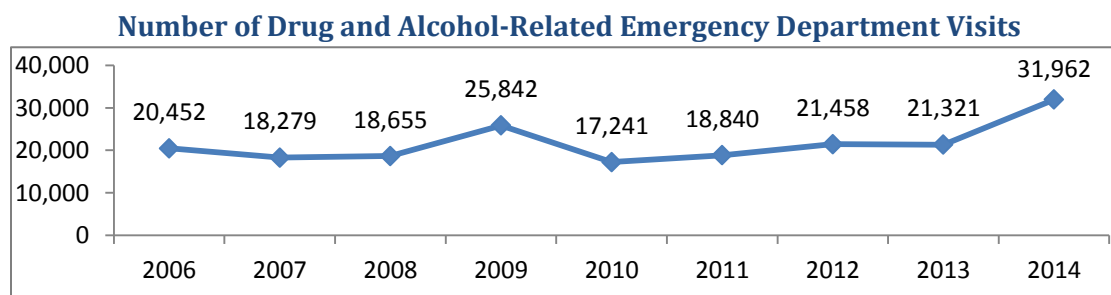
Iowa Drug Recognition Experts (DREs) performed 1,072 evaluations for impaired driving in 2014.



Source: CY, [Department of Public Safety, Governor's Traffic Safety Bureau](#)

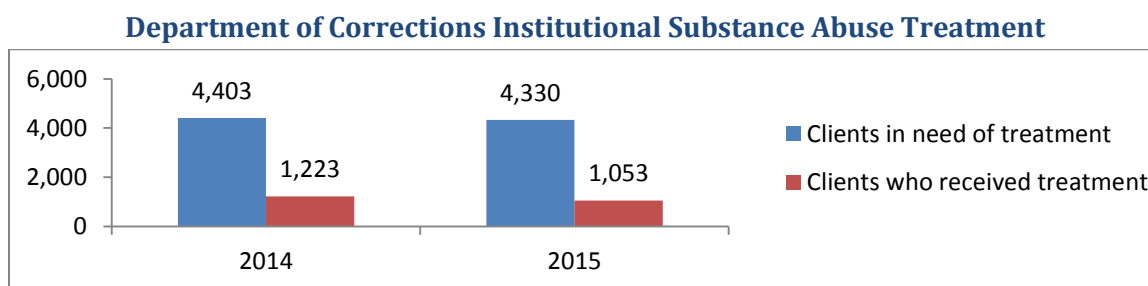
Appendix Two: Drug Use Profile

Hospital emergency department visits related to alcohol and drug use rose significantly in 2014. The numbers represent substance abuse as both a primary reason for the visit, as well as a contributing factor to many visits.

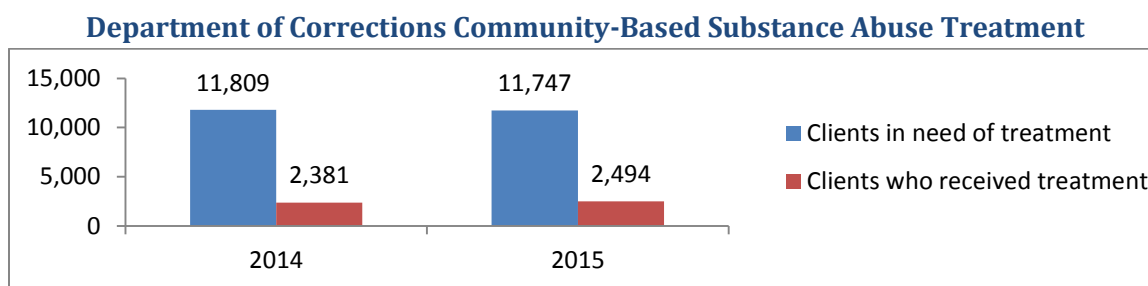


Source: CY, [Iowa Department of Public Health](#)

In 2015, the Department of Corrections provided substance abuse treatment to only 24.3% of the addicted custodial inmates and 21.2% of the drug addicted offenders in community corrections.



Source: FY, [Iowa Department of Corrections](#)

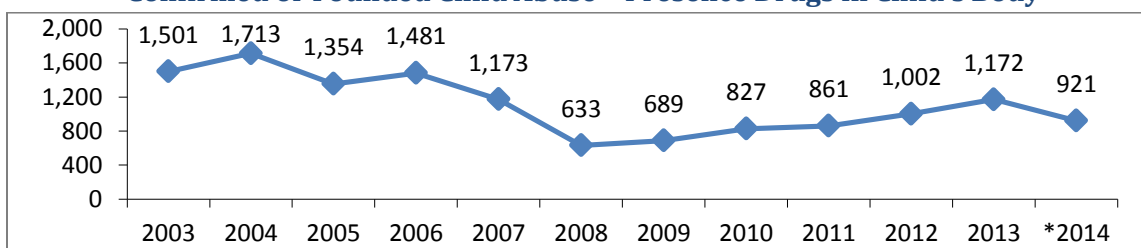


Source: FY, [Iowa Department of Corrections](#)

A significant portion of the drug abusing population in Iowa is in the child-rearing age group. Studies have shown that children raised in drug-involved families are at a heightened risk for a variety of types of abuse and neglect. The Iowa Department of Human Services (DHS) reports on two measures of abuse that specifically relate to parent/caregiver involvement with drugs. The first of the indicators is the number of confirmed or founded child abuse cases resulting from the presence of illegal drugs in a child's body and the second is cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child.

Appendix Two: Drug Use Profile

Confirmed or Founded Child Abuse – Presence Drugs in Child's Body



Source: CY, [Department of Human Services](#)

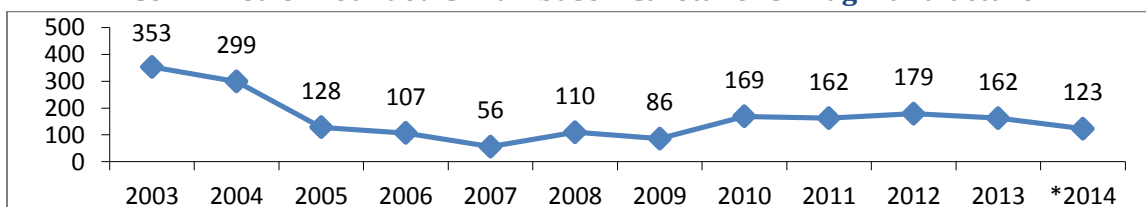
*Beginning in 2006, DHS reported Confirmed and Founded Abuse together. Previous years in this chart show only Confirmed cases.

*Beginning in 2008 DHS began drug testing fewer children. DHS does not drug test all children if other evidence substantiates a confirmed or founded report.

*January 1, 2014, DHS implemented Differential Response.

The number of confirmed or founded child abuse cases involving the presence of illegal drugs in a child's body reached its peak in 2004. The number of confirmed or founded child abuse cases involving a caretaker's manufacturing of illegal drugs, specifically methamphetamine, decreased from 2003 to 2007. This number, like other meth statistics, was driven down by the reduction in methamphetamine labs across the state. However, as seemingly larger amounts of meth have been trafficked into Iowa, the number of children recently affected by the drug is holding steady at a higher level.

Confirmed or Founded Child Abuse – Caretaker's Drug Manufacture



Source: CY, [Department of Human Services](#)

*Beginning in 2006, DHS reported Confirmed and Founded Abuse together. Previous years this chart show only confirmed cases.

*January 1, 2014, DHS implemented Differential Response.

Elsewhere in the Drug Use Profile regarding the youth population of Iowa, there is discussion about drugs other than alcohol and tobacco. In these discussions, it should be understood that the term “drug(s)” refers to illicit substances such as methamphetamine, cocaine, THC/marijuana, etc. Discussion referring specifically to prescription or over-the-counter medications will be noted.

Opioids

Due to their vast availability and addictive qualities, *opioids* may be the category of drugs fueling the most rapid growth in substance abuse among Iowans. Opioids encompass opioid analgesics, or prescription pain medicines, such as hydrocodone, oxycodone, methadone, morphine and fentanyl. Opioids also include some illicit substances, such as heroin. Prescription opioids can be very effective for treating pain, but prolonged use or abuse may lead to addiction. Opioid

Appendix Two: Drug Use Profile

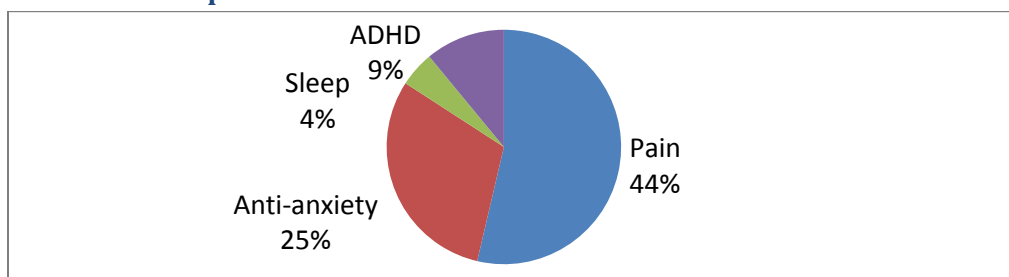
abuse is a complex challenge requiring a balanced response to allow for proper medical treatment, while preventing substance abuse that can ultimately result in lethal overdose.

Prescription opioids are one of the three main broad categories of medications with abuse potential. The other two categories of prescription drugs with similar risks are stimulants and central nervous system depressants. A more detailed Iowa profile of prescription and over-the-counter drug abuse follows, as does additional information on heroin and related issues.

Prescription Drugs and Over-the-Counter Medications

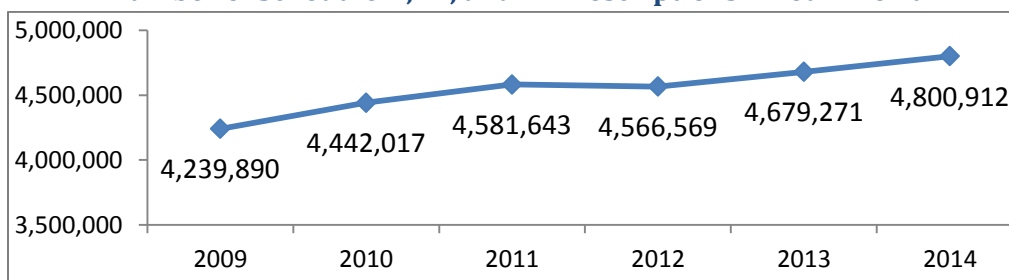
The U.S. Drug Enforcement Administration notes that hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S. According to data from the Prescription Drug Monitoring Program, the top 10 controlled substances prescribed in Iowa comprise approximately 82% of all prescriptions filled. These 10 medications include painkillers such as Vicodin and Percocet, anti-anxiety medication such as Xanax and Ativan, the sleep-inducer Ambien, and Attention Deficit Hyperactivity Disorder (ADHD) medications such as Adderall and Ritalin.

Top 10 Controlled Substances Prescribed to Iowans



Source: CY 2014, [Iowa Board of Pharmacy](#)

Number of Schedule II, III, and IV Prescriptions Filled in Iowa



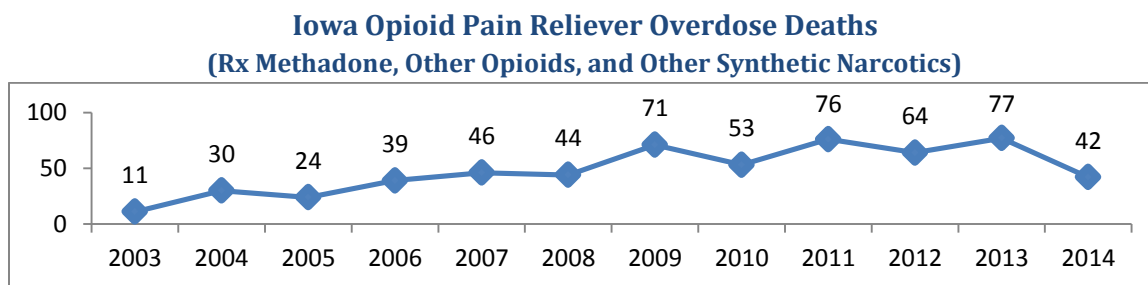
Source: CY, [Iowa Board of Pharmacy](#)

The Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE), opened 68 pharmaceutical diversion cases and seized 6,529 dosage units over the past four fiscal years (2012 – 2015). Treatment centers anecdotally report a dramatic increase in prescription drug abuse clients. And, according to the 2014 Iowa Youth Survey, 5% of Iowa 11th graders have used prescription drugs for non-medicinal purposes in the past 30 days. The trends are clear.

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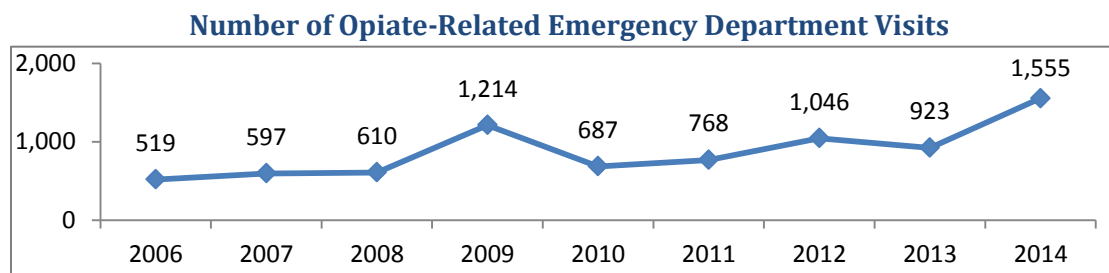
According to the Partnership for Drug-Free Kids 2013 Partnership Attitude Tracking Survey (PATS), nearly one in four teens (23 percent) nationally report intentionally abusing prescription drugs to get high at least once in their lives.

The Iowa Prescription Monitoring Program (PMP) indicates possible doctor shopping and/or pharmacy hopping to obtain excessive amounts of prescription drugs. In 2014, there were 527 Iowans that filled CII – CIV prescriptions from 5 or more prescribers or pharmacies. Approximately 33% of prescribers, such as physicians, have registered for access to the PMP but the rate of usage is much lower. Pharmacists are required to submit data, but not to consult the PMP when filling a prescription. Iowa overdose deaths primarily from prescription opioids/narcotics – which include hydrocodone and oxycodone – increased more than 1,825%, from 4 deaths in 2000 to an all-time high of 77 deaths in 2013. This number decreased to 42 in 2014.



Source: CY, [Iowa Department of Public Health, Bureau of Health Statistics](#)

Opiate-related emergency department visits are more than double what they were several years ago. This number may not include unspecified or other drugs, or opiates combined with alcohol.

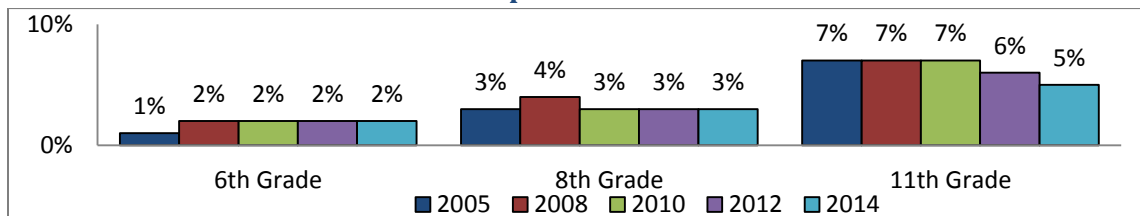


Source: CY, [Iowa Department of Public Health, Division of Behavioral Health](#)

Additionally, attitude drives behavior. Many teens and adults have a false sense of security about prescription and over-the-counter drugs. This attitude leads them to believe that using these drugs is not as dangerous as using drugs like methamphetamine. This in turn leads them to wrongly believe that using a medicine without a prescription is not harmful and that abusing prescription pain killers will not cause addiction. These substances are widely available and are often obtained within the home. Many adults do not understand the behavior of intentionally abusing medicine to get high, and are not discussing the risks of this behavior with their children. According to the 2013 PATS results, 16% of parents believe using prescription drugs to get high is much safer than using illicit drugs.

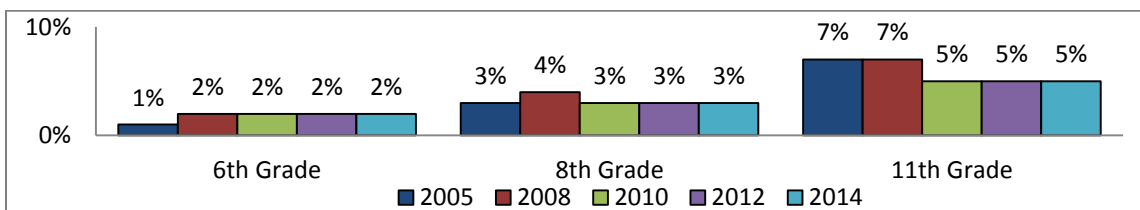
Appendix Two: Drug Use Profile

Percent of Students Self-Reporting the Current Non-Medical Use of Prescription Medications



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

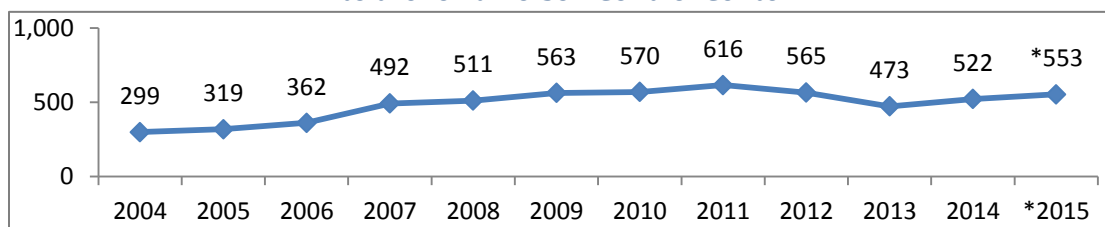
Percent of Students Self-Reporting the Current Non-Medical Use of Over-the-Counter Medications



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Painkillers (e.g., hydrocodone and oxycodone) seem to be the favorite targets of thieves who steal from medicine cabinets and pharmacies. The high number of hydrocodone and oxycodone “human exposure” calls to the Iowa Statewide Poison Control Center highlights this dangerous trend. The projected number of calls for 2015 (based on 9 months of data) was on track to rise. This data does not include other prescription opioids, such as methadone, that can also cause addiction and toxic exposure.

Number of Hydrocodone and Oxycodone “Human Exposure” Calls to the Iowa Poison Control Center



Source: CY (*projected number), [Iowa Statewide Poison Control Center](#)

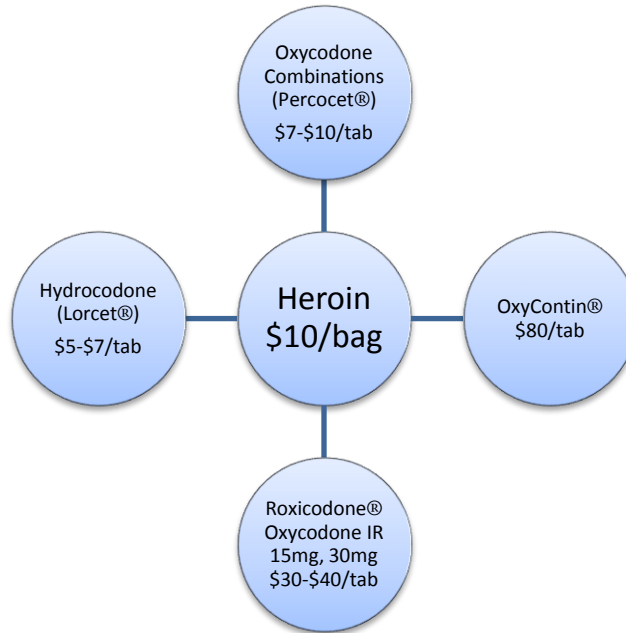
Heroin

Anecdotally, heroin use is on the rise in Iowa. According to Iowa Department of Public Health treatment data, heroin screenings/admissions for treatment have increased to an all-time high of 2.0% of all treatment admissions. Although small, this number has almost tripled in the past five years. As more and more people become hooked on prescription opioids, more end up turning to heroin. Because prescription opioids are similar to heroin in how their chemical makeup impacts the brain, some users addicted to pain medicine may transition to heroin. This

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is especially true when pain medicines become difficult to obtain, or cheaper heroin becomes available in a community.

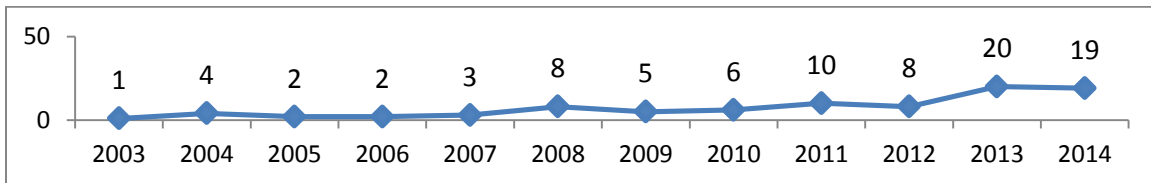
Cost Comparison Heroin vs. Prescription Drugs



[DEA](#), 2013

Heroin overdose deaths rose 1,900% from 2003 to 2013, from 1 death to 20. They remained nearly steady with 19 deaths in 2014.

Iowa Heroin Overdose Deaths

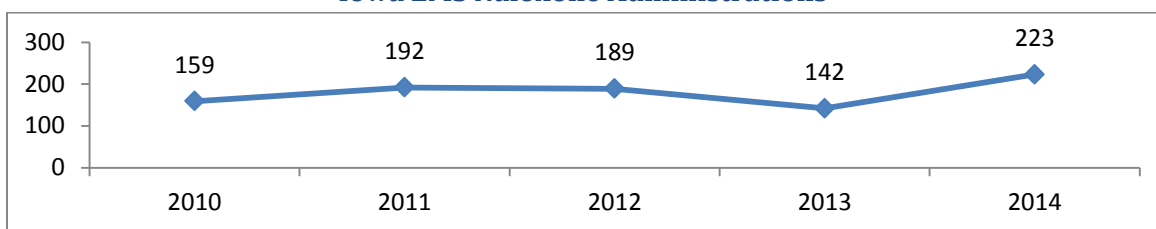


Source: CY, [Iowa Department of Public Health, Division of Behavioral Health](#)

Another indicator of the prevalence of prescription opioids and heroin in Iowa is the number of times Naloxone has been administered by EMS personnel in an overdose situation. Naloxone is a medication called an “opioid antagonist” and is used to counter the effects of opioid overdose. Naloxone is used to counteract life-threatening effects of opioids, such as depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally. It is often referred to as an opioid overdose reversal drug. Naloxone only works if a person has opioids in their system.

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Iowa EMS Naloxone Administrations



Source: CY, [Iowa Department of Public Health, Bureau of Emergency and Trauma Services](#)

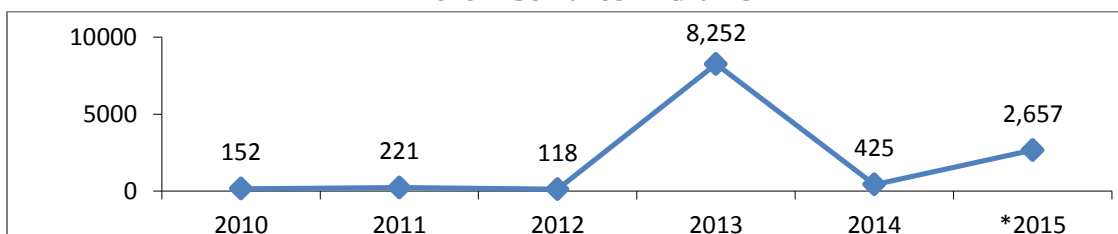
Iowa Average Heroin Price Per Gram

	2010	2012	2014	2015
Price	\$215	\$250	\$250	\$225

Source: [Iowa Counterdrug Task Force](#)

The Iowa Department of Public Safety's Division of Narcotics Enforcement reports five years of statewide heroin statistics. In 2011, DNE opened 1 heroin case and seized 112 grams of heroin. In 2015, those numbers increased to 15 heroin cases and 3,941 grams seized. Seizure amounts for any drug may vary greatly from year to year, especially when you have one or two large seizures, and represent only a partial picture. The Iowa crime lab also reports an increase in heroin cases and grams tested.

Heroin Seizures in Grams



Source: CY (*YTD), [Iowa Department of Public Safety Criminalistics Lab](#)

May not include all seizures – larger cases may be sent to DEA lab.

Fentanyl is a synthetic and short-acting opioid analgesic that is 50-100 times more potent than morphine, and is approved for managing acute or chronic pain associated with advanced cancer. Although pharmaceutical fentanyl can be diverted for misuse, most cases of fentanyl-related morbidity and mortality have been linked to illicitly manufactured fentanyl and fentanyl analogs, collectively referred to as non-pharmaceutical fentanyl (NPF). NPF is sold via illicit drug markets for its heroin-like effect and often mixed with heroin and/or cocaine as a combination product—with or without the user's knowledge—to increase its euphoric effects. While NPF-related overdoses can be reversed with naloxone, a higher dose or multiple-number of doses per overdose event may be required to revive a patient due to the high potency of NPF.

In the fall of 2015, the Centers for Disease Control and Prevention (CDC) issued a Fentanyl "Health Advisory" to put health care professionals on alert, due to increases in fentanyl drug confiscations and fentanyl-related overdose fatalities in the United States. The CDC advisory followed a national alert issued earlier in 2015 by the Drug Enforcement Administration (DEA),

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citing fentanyl as a threat to public health and safety. Several states have reported spikes in overdose deaths due to fentanyl and its analog acetyl-fentanyl since late 2013. Similar to previous fentanyl overdose outbreaks, most of the more than 700 fentanyl-related overdose deaths reported to DEA during this timeframe were attributable to illicitly-manufactured fentanyl, often mixed with heroin.

Iowa's Division of Criminal Investigation laboratory reports 13 cases containing fentanyl during the first three quarters of 2015, most in overdose cases and all but one mixed with heroin. While that number is relatively small, it marks a noticeable increase from its six fentanyl cases in 2014, and even fewer annual cases dating back to 2009.

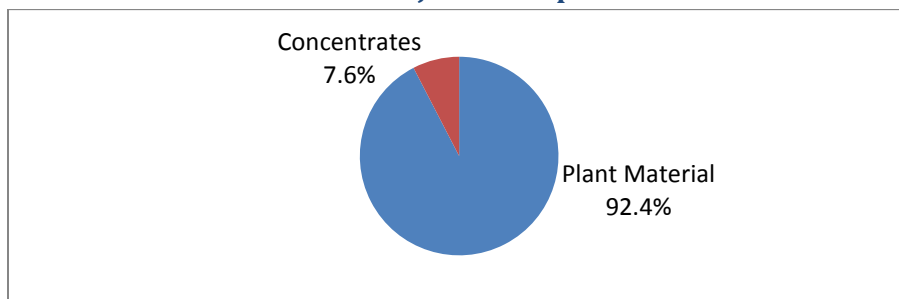
Marijuana

Data indicate that marijuana is the most prevalent illegal drug and after alcohol, the second most used/abused substance by adults in Iowa. It also appears as though marijuana has held this distinction for quite some time. Although marijuana use is prevalent in Iowa, according to the National Survey on Drug Use and Health (NSDUH), less than six percent of Iowans say they currently use the drug.

Law enforcement officials have also reported that the potency of marijuana has increased in recent years. The Division of Criminal Investigation Laboratory reports that most of the marijuana it currently sees is made up primarily of the buds of the female plants, versus marijuana of the past which also contained inactive particles such as leaves and stems. The buds contain the delta-9-tetrahydrocannabinol (THC), which is the primary psychoactive chemical in marijuana. This change represents a significant increase in the potency of this drug which is expected to have more acute personal and societal consequences.

Approximately 7.6% of all marijuana sample submissions tested by the Iowa crime lab in the first two-thirds of 2015 involved high-potency marijuana "preparations" or "concentrates" such as oils, waxes, and marijuana-infused edibles. Part of this can be attributed to the influx of marijuana from states where recreational marijuana use has been legalized.

Percent of Marijuana Samples Tested

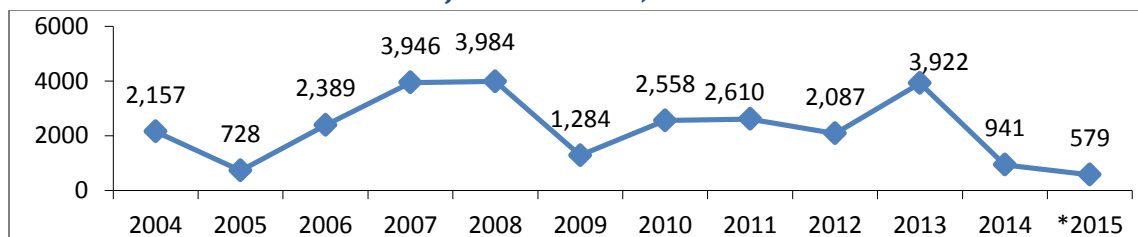


Source: CY (2015 YTD Jan-Aug), [Iowa Department of Public Safety](#)

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Marijuana seizures reported by the Iowa Department of Public Safety have fluctuated in recent years. According to the DPS, marijuana submission rates are up, but there have been fewer cases involving large amounts of the drug. This may be due to the rise of marijuana concentrates, which typically involve smaller amounts of more potent marijuana.

Marijuana Seizures, in Pounds



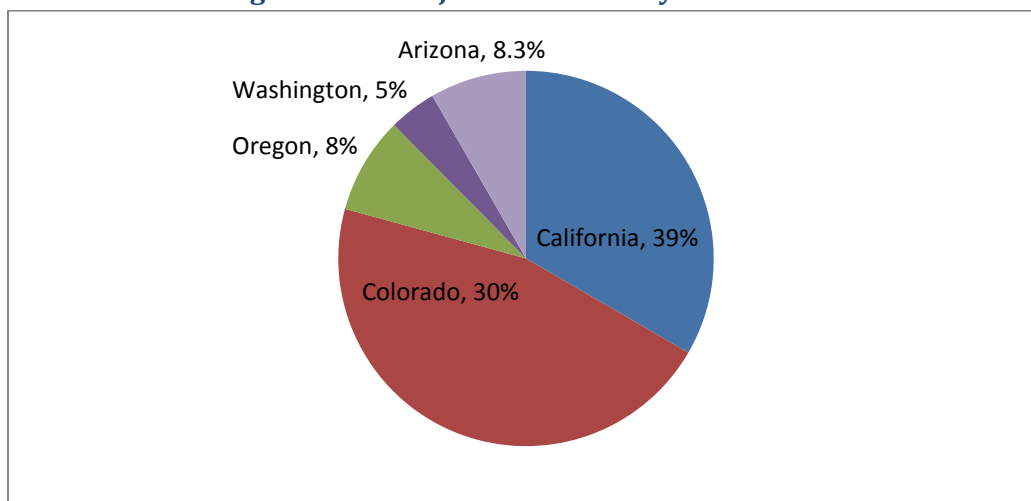
*Calendar year - YTD

*May not include all seizures. Larger cases may be sent to DEA lab.

Source: CY, [Iowa Department of Public Safety Criminalistics Lab](#)

Our interstate system of highways is often used by drug smugglers travel to or through Iowa. Colorado and California, states which permit “medical marijuana,” increasingly are cited as source states for marijuana seized in interdiction stops by Iowa law enforcement. In 2014, the marijuana seized by the Iowa State Patrol in these types of stops from “medical marijuana” states included 39% from California and 30% from Colorado. The data below represent significant seizures, or larger amounts associated with distribution or drug trafficking.

Source of Significant Marijuana Seizures by the Iowa State Patrol



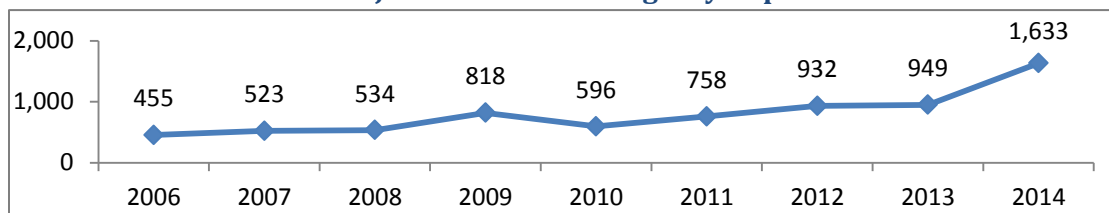
Source: CY 2014, [Iowa Department of Public Safety](#)

The prevalence of marijuana use is further demonstrated by the adult screenings/admissions to substance abuse treatment programs in Iowa, as well as emergency department visits due to marijuana use. In data collected, marijuana was the most often reported primary drug of use/abuse, other than alcohol, for adults during the period of SFY 1997 – 2015. Hospital

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emergency department visits have risen 259% in eight years. This data reinforces the fact that despite misconceptions by some, marijuana can be harmful and is an addictive drug.

Number of Marijuana-Related Emergency Department Visits

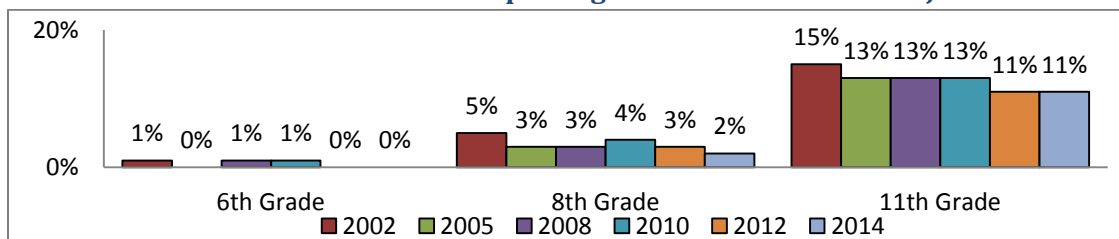


Source: CY, [Iowa Department of Public Health, Division of Behavioral Health](#)

Based on the data presented in this section, it is clear that marijuana is the drug of choice for the majority of adult Iowans who use illegal drugs; however, comparatively few are admitted to prison with a primary charge related to marijuana. Ninety percent of those admitted to prison with a primary charge of marijuana are convicted at the felony level. A review of the most recent Iowa workplace drug test data available shows marijuana was the drug for which Iowa workers most frequently tested positive. Of the positive drug tests reported to the Iowa Department of Public Health over the past 7 years, nearly 60% were positive for marijuana. The next most prevalent drug was methamphetamine, at 15.8%.

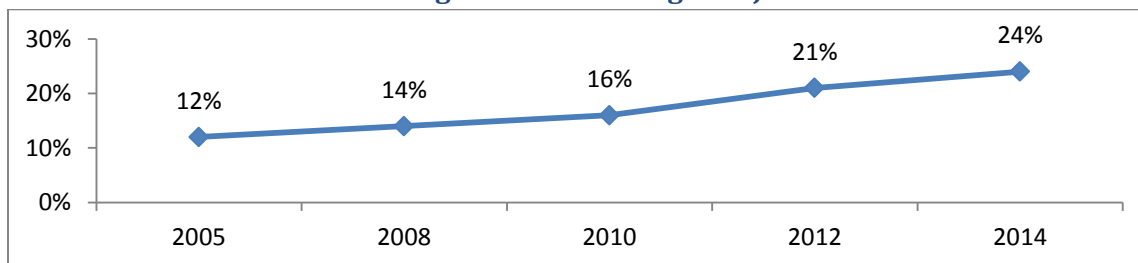
The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. In 2014, 11% of 11th graders reported current use. Again, attitude drives behavior. Nearly one quarter of Iowa teens perceive no risk in smoking marijuana once or more per week. This number has doubled in the past ten years, coinciding with an increase in “medical marijuana” discussions and the legalization of marijuana for recreational use in a few states.

Percent of Students Self-Reporting the Current Use of Marijuana



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Percent of Students Perceiving No Risk Smoking Marijuana Once or More a Week

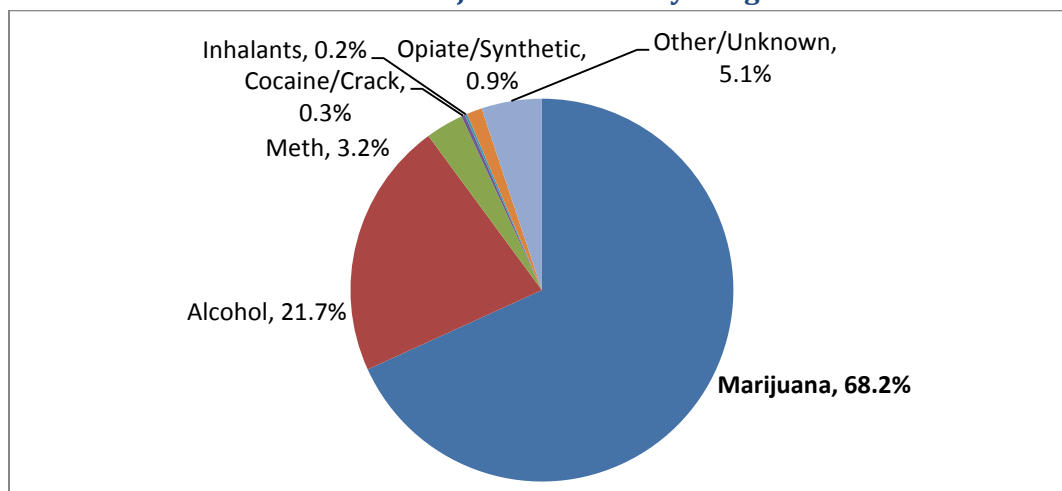


Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

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Substance abuse reporting system data also illustrate that marijuana is the primary illicit drug of choice among Iowa youth, and that its prevalence as the drug of choice for this population has generally increased for the period of time included in this review.

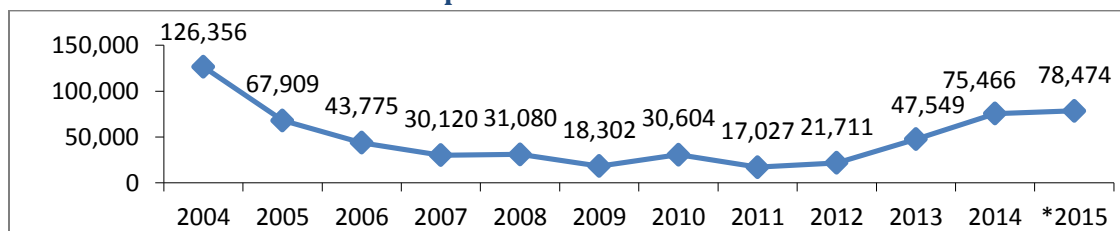
Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug



Source: FY15, [Iowa Department of Public Health, Division of Behavioral Health](#)

Amphetamine/Methamphetamine

Methamphetamine Seizures in Grams



Source: CY, [Iowa Department of Public Safety Criminalistics Lab](#)

*May not include all seizures. Larger cases may be sent to DEA lab.

As illustrated in this figure, methamphetamine seizures by Iowa law enforcement agencies dropped off following a substantial reduction in meth labs about ten years ago, but have begun rising again in recent years, and are now at their highest level since 2004. It's worth noting that this data from the Iowa Division of Criminal Investigation laboratory does not include all meth seizures. Large and major case amounts that were submitted to the U.S. Drug Enforcement Administration's laboratory for federal prosecution are not included in these figures.

According to Iowa law enforcement officials, one reason for the surge in meth seizures is an increase in the quantity and quality of meth being smuggled into Iowa from Mexico and other states. They report intercepting large shipments of high purity methamphetamine with increasing frequency in many Iowa communities.

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One indicator of the availability of methamphetamine is the price and purity of law enforcement seizures. In recent months, the Iowa Department of Public Safety's Division of Narcotics Enforcement has experienced a significant increase in major cases involving large quantities of high purity methamphetamine. These cases generally involve meth smuggled into Iowa from Mexico and other states. Some meth encountered by law enforcement agencies is 99% to 100% pure. That compares with an average purity level ranging from 14% to 40% ten years ago.

Iowa Average Methamphetamine Price per Gram and Purity

	2004	2006	2008	2010	2012	2015
Price	\$100	\$120	\$123	\$130	\$135	\$125
Purity	33%	40%	40%	79%	87%	97%

Source: [Iowa Counterdrug Task Force](#)

Meth labs in Iowa are smaller in number and size, compared to a few years ago. Most of the meth labs now reported are the smaller "one pot" variety, a method that was first introduced in the State in 2010. This method generally uses less pseudoephedrine and other precursor chemicals, and produces methamphetamine in smaller quantities. They are more portable than their predecessor labs, but still can be unstable and dangerous. Lab remnants can easily be transported in a vehicle and disposed of in neighborhoods and ditches. Aside from their environmental impact, "one pot" labs pose serious health and safety hazards due to the potential for flash fires and the caustic waste material involved.

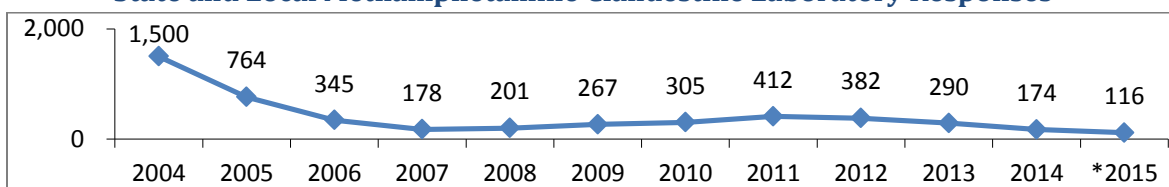
In 2005, the Iowa Legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. Additional legislation was passed in 2009, requiring all Iowa pharmacies that sell non-prescription pseudoephedrine products over-the-counter to participate in an electronic Pseudoephedrine Tracking System. Additional meth precursors, or ingredients, have also been regulated by the Legislature.

Since 2010, Iowa's Office of Drug Control Policy has managed the Pseudoephedrine Tracking System, as part of the National Precursor Log Exchange (NPLEx). NPLEx is a real-time tracking system used by virtually all Iowa pharmacies as a stop-sale system, to flag pharmacists when customers are about to exceed their pseudoephedrine purchase limits to prevent the sale from taking place. Blocking improper sales in real-time prevents actions that lead to the production of meth. In the 5 years since implementing NPLEx, more than 118,000 illegal purchase attempts have been blocked, preventing the sale of over 715 pounds of pseudoephedrine, averting the possible production of over 650 pounds of methamphetamine.

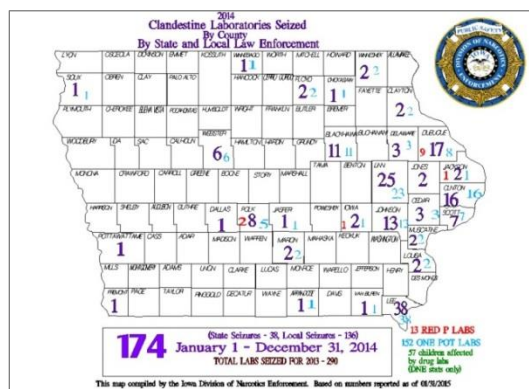
Due to these and other actions, including an array of drug prevention, treatment and enforcement efforts, meth labs and the public safety threats associated with them have reached their lowest point in almost 18 years in Iowa, dating back to 1997. The influx of high-grade meth smuggled into our state in recent years may also be contributing to the suppression of meth labs in Iowa.

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State and Local Methamphetamine Clandestine Laboratory Responses

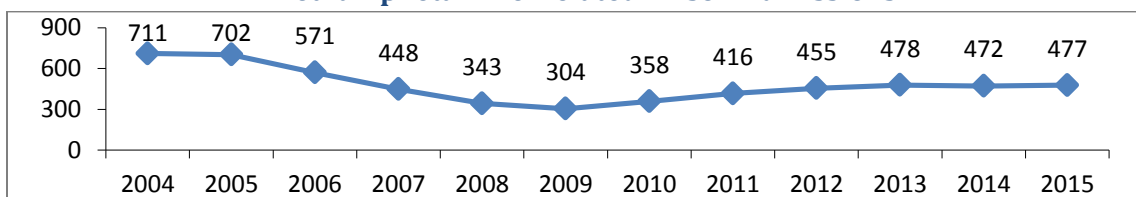


Source: CY (*YTD), Iowa Department of Public Safety



While Iowa experienced a significant reduction in methamphetamine-related prison admissions (down 57.9%) from 2004-2009, admissions have steadily increased since that point, up 24%.

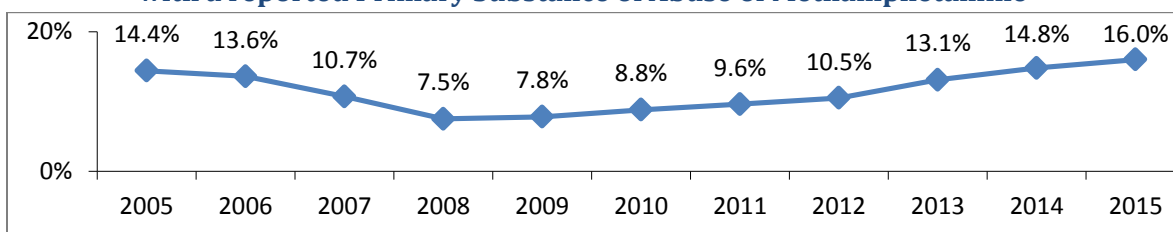
Methamphetamine-Related Prison Admissions



Source: FY, Criminal and Juvenile Justice Planning

While the supply source may have changed for some in Iowa, demand for the addictive stimulant remains strong. In addition to the increase in meth-related prison admissions in recent years, meth-related substance abuse treatment admissions are at an all-time high.

Percentage of Adult Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Methamphetamine

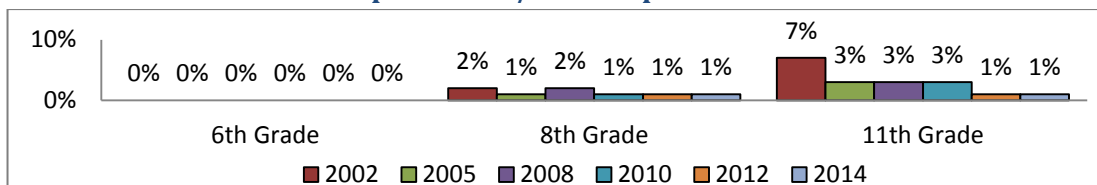


Source: SFY. [Iowa Department of Public Health, Division of Behavioral Health](#)

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While the demand for meth among the Iowa's adult population remains seemingly high, young Iowans use meth at a relatively low level.

Percent of Students Self-Reporting the Current Use of Amphetamine/Methamphetamine



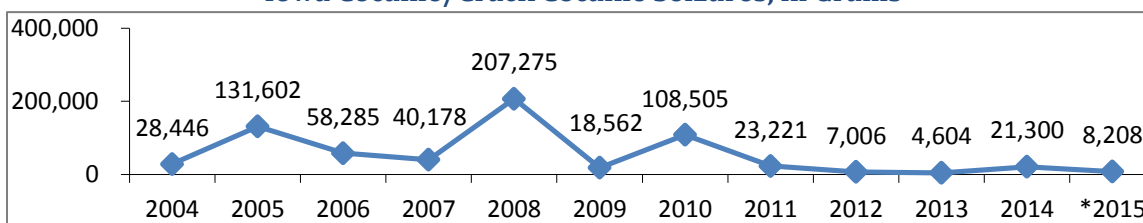
Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Cocaine/Crack Cocaine

Until the growth in the use of methamphetamine in the 1990s, the second most prevalent illegal drug in Iowa was cocaine or crack cocaine. Overshadowed by the use of meth and other drugs by Iowans, cocaine represents a smaller but significant problem.

In 2008 and 2010, the Iowa Division of Narcotics Enforcement reported having several large cases involving cocaine. Since then, seizures have varied.

Iowa Cocaine/Crack Cocaine Seizures, in Grams



Source: CY, [Iowa Department of Public Safety](#)

*May not include all seizures. Larger cases may be sent to DEA lab.

Iowa Average Cocaine Price per Gram

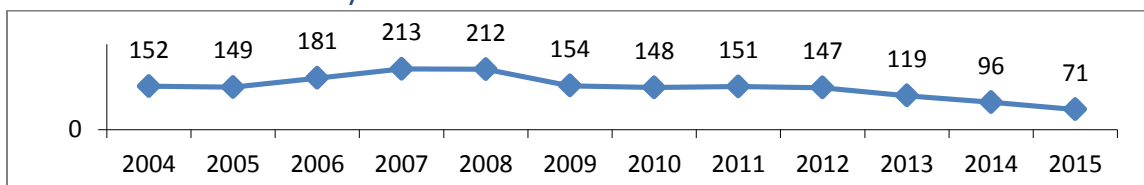
	2004	2006	2008	2010	2012	2015
Price	\$100	\$110	\$80	\$125	\$130	\$113

Source: [Iowa Counterdrug Task Force](#)

Cocaine-related admissions to prison represented 8.6% of drug-related prison admissions in FY 2015. The number of prison admissions for crack/cocaine is the lowest it has ever been since this data was first collected in 2004. Based on the data indicators illustrated here, it would appear that cocaine/crack cocaine continues to represent a drug of substantial use/abuse among the drug using population in Iowa. There is little reported use of cocaine/crack cocaine by Iowa youth.

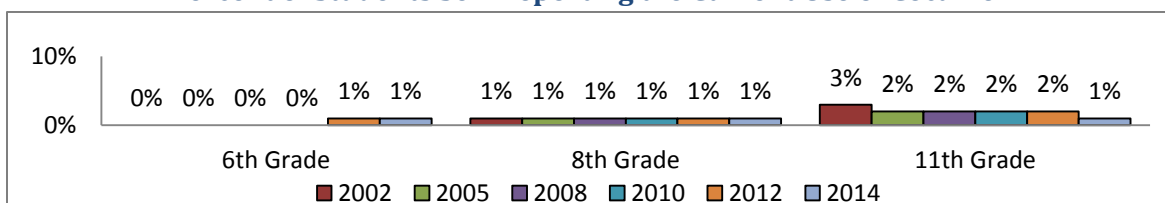
Appendix Two: Drug Use Profile

Cocaine/Crack Cocaine-Related Prison Admissions



Source: SFY, [Criminal and Juvenile Justice Planning](#)

Percent of Students Self-Reporting the Current Use of Cocaine



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Data regarding the prevalence of cocaine/crack cocaine as the primary substance of abuse among juveniles screened/admitted to substance abuse treatment programs while remaining constant for the past 10 years is also very low. In 2015 only .3% of the youth admitted to treatment cited Cocaine/Crack Cocaine as the primary substance of abuse.

Synthetic Cannabinoids and Cathinones

Another continuing threat to the health and safety of Iowans is the use of synthetic drugs. These substances, also known as synthetic cannabinoids and synthetic cathinones, are marketed as K2, Spice, and bath salts. The cannabinoids are herbal substances that are sprayed with one or more chemical compounds. They are marketed as incense and not for human consumption, but are often used by Iowa youth and at times produce dangerous hallucinogenic effects. The effects of bath salts mimic cocaine.

Dangers still exists, but the availability of synthetic drugs appears to have decreased in recent years. Reasons for the change are unclear, but several high-profile legal cases, including a successful Consumer Protection action by the Iowa Attorney General's Office, may have deterred businesses from the continued sale of these products.

The Iowa Division of Criminal Investigation crime lab reports a drop in synthetic drug submissions, beginning late in 2014 and continuing through 2015. Of the synthetic drug cases it does receive, the crime lab estimates 70 percent of recent submissions involve newer uncontrolled compounds, most of which are the synthetic cannabinoid variety. Relatively few synthetic cathinones have been submitted to the crime lab in recent months, and most of those are already controlled under Iowa law.

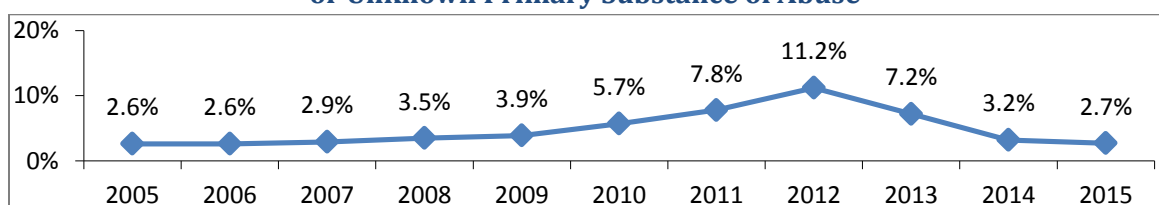
Appendix Two: Drug Use Profile

Other Illicit Drugs

Marijuana, methamphetamine, heroin and cocaine/crack cocaine constitute only four of the illegal drugs used in Iowa today. Other drugs such as LSD and PCP also play a role in the overall problem of substance and drug abuse within the State, but their usage by drug abusers is currently relatively low.

The percentage of Iowa adults being admitted to a substance abuse treatment program whose primary drug of abuse is “unknown or other” has dropped dramatically after a sharp rise.

Percentage of Adult Substance Abuse Treatment Screening/Admissions with an Other or Unknown Primary Substance of Abuse

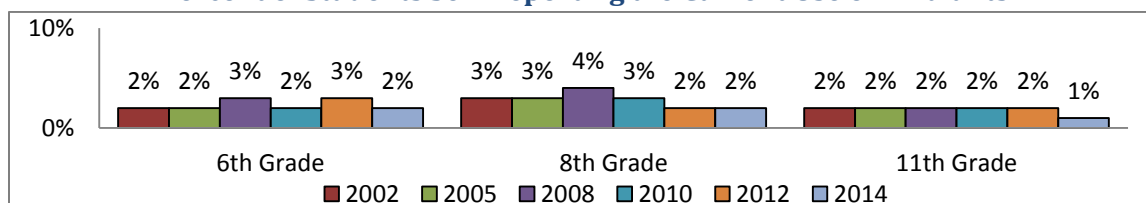


Source: FY, [Iowa Department of Public Health, Division of Behavioral Health](#)

Inhalants

Inhalant use more often starts at younger ages and continues to be of concern. The perception of risk related to inhalant use is dropping. As attitudes weaken, abuse is more likely to increase.

Percent of Students Self-Reporting the Current Use of Inhalants



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

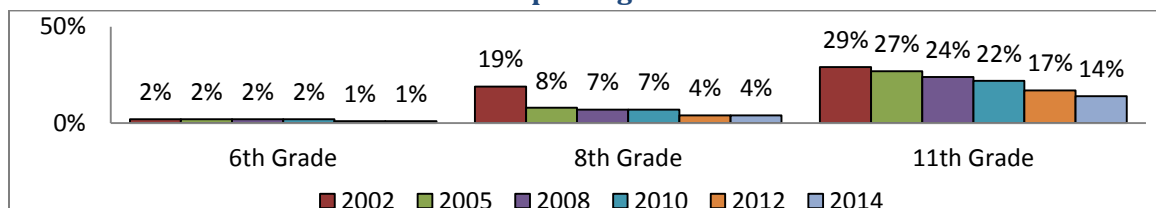
Tobacco

Much data and information has been published by the federal Centers for Disease Control and Prevention and other organizations to inform the general public of the dire consequences of using tobacco products. These organizations estimate that annually 4,600 Iowans die as a result of smoking, and that smoking results in the loss of 13.4 years of potential life. For Iowa smokers wishing to quit, Quitline Iowa offers tobacco cessation coaching services over the telephone or internet, 24 hours a day. The Quitline Iowa program provides information about all of these options as safe alternatives to using e-cigarettes as a quitting method.

Appendix Two: Drug Use Profile

The Iowa Department of Public health reports a new program with “Quit Coaches” was launched in 2012. Quit Coaches have been trained and are well versed in techniques to help e-cigarette users quit, regardless of whether they are using electronic cigarettes alone or using both smoked tobacco and electronic cigarettes. Quitline Iowa’s behavior change-based program is backed by more than 35 years of research.

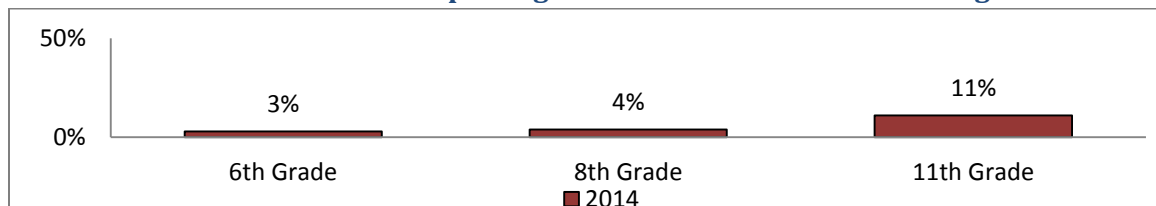
Percent of Students Self-Reporting the Current Use of Tobacco



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)

Iowa students were asked about electronic cigarette (e-cigarette or vapor device) use for the first time in the 2014 Iowa Youth Survey. Eleven percent of 11th graders report current use of e-cigarettes, while 10% report current use of traditional cigarettes.

Percent of Students Self-Reporting the Current Use of Electronic Cigarettes



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health – IYS](#)



Appendix Three: Funding Information

Funding listed herein focuses on substance abuse and associated issues (e.g. crime, violence, and delinquency). Prevention, Treatment, and Enforcement are broad categories meant to encompass many programs. Funding estimates include State, Federal, and Other funding sources invested by State agencies. Funding estimates do not include local or private resources, or federal funds provided directly to communities.

Total Estimated FY 2016 Substance Abuse & Drug Enforcement Funding (By Agency)

Agency	Prevention	Treatment	Enforcement	FY 2016 Total	FY 2011 Total	% Change from FY 11
Dept. of Education	\$1,916,252	\$0	\$0	\$1,916,252	\$3,602,752	-46.8%
DHR, CJJP	\$193,247	\$0	\$250,784	\$444,031	\$1,753,297	-74.7%
DHS, Child & Family Services	\$0	\$3,166,044	\$0	\$3,166,044	\$1,526,889	+107.4%
DHS, Medical Services	\$0	\$43,472,824	\$0	\$43,472,824	\$25,616,895	+69.7%
DHS, Mental Health/Disability	\$0	\$501,887	\$0	\$501,887	\$1,797,022	-72.1%
DOC, Community Based	\$0	\$1,612,886	\$4,072,976	\$5,685,862	\$5,144,482	+10.5%
DOC, Institutional Programs	\$0	\$2,725,078	\$0	\$2,725,078	\$5,376,391	-49.3%
DPH, Behavioral Health	\$6,801,050	\$33,610,433	\$0	\$40,411,483	\$39,320,438	+2.8%
DPH, Tobacco	\$3,590,500	\$2,385,092	\$453,067	\$6,428,659	\$12,777,003	-49.7%
DPS, DCI	\$0	\$0	\$7,397,546	\$7,397,546	\$1,634,278	+352.6%
DPS, DNE	\$0	\$0	\$6,388,557	\$6,388,557	\$5,890,529	+8.5%
DPS, GTSB	\$0	\$0	\$446,500	\$446,500	\$877,000	-49.1%
DPS, Intel	\$0	\$0	\$2,266,223	\$2,266,223	\$2,055,255	+10.3%
DPS, State Patrol	\$0	\$0	\$2,190,090	\$2,190,090	\$9,733,913	-77.5%
Iowa Judicial Branch	\$0	\$0	\$1,280,000	\$1,280,000	\$625,000	+105%
Iowa National Guard	\$90,099	\$0	\$1,409,901	\$1,500,000	\$8,508,630	-82.4%
Iowa Veterans Home	\$204,532	\$0	\$0	\$204,532	\$546,618	-62.6%
Law Enforcement Academy	\$0	\$0	\$0	\$0	\$20,000	-100%
Office of Drug Control Policy	\$434,600	\$1,550,022	\$2,132,820	\$4,117,442	\$9,372,404	-56.1%
Regents: ISU	\$252,437	\$0	\$0	\$252,437	\$255,658	-1.3%
Regents: U of I	\$574,165	\$1,581,062	\$0	\$2,155,227	\$1,184,824	+81.9%
Regents: UNI	\$397,051	\$42,000	\$99,509	\$538,560	\$430,739	+25.0%
Total	\$14,453,933	\$90,647,328	\$28,387,973	\$133,489,234	\$138,050,017	-3.3%

Total Estimated FY 2016 Substance Abuse & Drug Enforcement Funding (By Source)

Funding Source	Prevention	Treatment	Enforcement	Total Funding
State	\$4,506,926	\$38,125,448	\$18,038,855	\$60,671,229
Federal	\$7,958,061	\$50,674,608	\$9,403,852	\$68,036,521
Other	\$1,988,946	\$1,847,272	\$945,266	\$4,781,484
Total	\$14,453,933	\$90,647,328	\$27,107,973	\$133,489,234



Acknowledgements

The Iowa Drug Control Strategy represents cooperation and coordination by numerous agencies and individuals. Thank you to those listed below, their staff, and everyone else who assisted throughout the year.

Iowa Drug Policy Advisory Council

Steven F. Lukan

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Barb Anderson

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Department of Public Health

Paul Feddersen

Department of Public Safety

Steve Michael

Department of Human Rights

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Iowa Peace Officers Association

Jason Sandholt

Iowa State Sheriffs and

Deputies Association

Matthew Harkin

Iowa State Police Association

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Honorable Thomas Bower

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Non-Voting Members

Stephan Arndt

Iowa Consortium for Substance Abuse

Research and Evaluation

Lt. Col. Larry Doss

Iowa National Guard

Steve Larson

Alcohol Beverage Division

Chief Jeremy Logan

Iowa Police Chiefs Association

This annual report is submitted in satisfaction of Chapter 80E.1 of the Code of Iowa which directs the Drug Policy Coordinator to monitor and coordinate all drug prevention, enforcement, and treatment activities in the state. Further, it requires the Coordinator to submit an annual report to the Governor and Legislature concerning the activities and programs of the Coordinator, the Governor's Office of Drug Control Policy, and all other state departments with drug enforcement, substance abuse treatment, and prevention programs. Chapter 80E.2 establishes the Drug Policy Advisory Council (DPAC), chaired by the Coordinator, and consisting of a prosecuting attorney, substance abuse treatment specialist, law enforcement officer, prevention specialist, judge, and representatives from the departments of corrections, education, public health, human services, public safety, and human rights. This report was developed in coordination with Iowa's Drug Policy Advisory Council.